

PhD STUDENTSHIPS IN PRIMARY HEALTH CARE 2018

Applications are invited from individuals with a strong academic record who wish to develop a career in primary care research. Awards are offered to the following universities within the NIHR School for Primary Care Research: Bristol, Cambridge, Keele, Manchester, Newcastle, Oxford, Southampton and University College London. Details of the specific research training opportunities available at each university are described below.

Awards will normally be taken up in October 2018.

Applicants must have a first degree in a discipline relevant to primary care research and will be expected to complete a PhD/DPhil during the award period. The precise academic qualifications required depend on the university and training offered.

This award will fund tuition fees up to the value of Home/EU fees; students with overseas status are welcome to apply but will need to fund the remainder of their fees from alternative sources.

As the universities do not always offer mentorship in every discipline relevant to primary care, it is possible to apply for a “linked” award so that applicants can benefit from training within the School but maintain a link with, or be primarily based within, a university outside the School that can provide discipline-specific mentoring. In these cases, the linked SPCR partner must be agreed and specified in the application.

Studentship awards include tuition fees, an annual tax-free stipend normally of £16,000 and a contribution towards research and training costs. Students at University College London will receive a London weighting and students at Cambridge and Oxford will receive college fees.

All applicants must ensure that their proposed research project is compatible with the published NIHR remit

<https://www.nihr.ac.uk/02-documents/funding/Training-Programmes/TCC-NIHR-Remit-For-Personal-Awards.pdf>

HOW TO MAKE AN APPLICATION

You are strongly encouraged to contact the university at which you would like to hold the award to discuss your 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 two page CV and a covering letter of not more than two pages. This letter must include an explanation as to why you want to train in primary care research.

- Please state **Studentship 2018** as the subject of the email
- Please name the CV and covering letter attachments using the naming convention:
Surname_CV_STUD18 and
Surname_Letter_STUD18
- Applications must be received by **12 noon** on Wednesday 14th February 2018. Cambridge and Oxford applications should be received by **12 noon** on 8th January 2018.

**Your application should be sent by email to the School's Senior Scientific Manager
georgina.fletcher@phc.ox.ac.uk

****Applications to Cambridge and Oxford should follow the procedure detailed in the departmental sections below.**

Stage 2

Candidates selected for interview will be contacted by the relevant department. Unsuccessful applicants will be informed.

The National Institute for Health Research has a duty as a public body to promote equality of opportunity. This means we need to ensure that applications for NIHR awards, are treated equally in terms of gender, ethnicity or disability. Once you have submitted your application you will be sent an automated email asking you to complete an equal opportunities questionnaire.

Dr Georgina Fletcher
Senior Scientific Manager

DETAILS OF TRAINING OPPORTUNITIES AT EACH UNIVERSITY

UNIVERSITY OF BRISTOL

The Centre for Academic Primary Care (CAPC) at the University of Bristol (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 4th 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, with centres of excellence in genetic and life-course epidemiology, public health, health services research, medical ethics, medical statistics and health economics, as well as primary care.

CAPC offers excellent training opportunities via 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 academic trainees to obtain prestigious externally funded research PhD and post-doctoral fellowships.

CAPC's research sits within three broad themes:

Management of disease:

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

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 are proud of our diverse expertise 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: Dr Rebecca Barbes rebecca.barnes@bristol.ac.uk or visit 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 144 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, 26 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

Or Frances Cater: 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

Or Dr Joanne Protheroe: j.protheroe@keele.ac.uk

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

UNIVERSITY OF MANCHESTER

This PhD studentship is based at the Centre for Primary Care, University of Manchester.

The studentship will be jointly funded by the NIHR School for Primary Care Research (<http://research.bmh.manchester.ac.uk/primarycare/>) and the NIHR Greater Manchester Patient Safety Translational Research Centre (Greater Manchester PSTRC: <http://www.patientsafety.manchester.ac.uk/>). The Greater Manchester PSTRC is a partnership between The University of Manchester and [Salford Royal NHS Foundation Trust](#).

Our aim is to train future research leaders by providing multidisciplinary training and career development opportunities. We are keen to support those interested in either qualitative or quantitative research methodologies. Applicants will work within one of the four PSTRC research themes (medication safety, safer informatics, safer care and transitions and marginalised groups), but will benefit from links to SPCR themes and research groups which are aligned to that work (<https://www.spcr.nihr.ac.uk/themes-SPCR>).

Greater Manchester PSTRC research themes

See: <http://www.patientsafety.manchester.ac.uk/research/themes/>

Medication Safety

Lead: [Professor Darren Ashcroft](#)

Medicines are the most commonly used clinical intervention, and errors can lead to significant patient harm, hospitalisation and death. This theme will develop a safety management system (SMS) covering the drug use process and to examine its potential to reduce errors associated with medication use in primary care. This theme explores how the prescribing, dispensing and administration of medicines within and between healthcare organisations can be improved.

Safety Informatics

Lead: [Professor Niels Peek](#)

Informatics for safer care requires not only data and computing technologies, but also understanding of the behaviours of patients and practitioners in response to different forms of information – creating actionable information. This is information that identifies not only what the safety issues are, but also how to overcome them. This theme involves developing information systems and using routine healthcare data for better understanding of patient safety.

Safer Care Systems and Transitions

Our previous research shows that care pathways often involve many transitions, where the responsibility for patient care is transferred or handed over from one team, department or organisation to another along the patient pathways. This theme looks at the safer movement of patients between healthcare settings.

Leads: [Professor Stephen Campbell](#) (Manchester)

Safety in Marginalised Groups

This theme involves co-designing and testing healthcare interventions to improve the safety of marginalised patients. It is split in to two sub-themes.

- The mental health sub-theme explores suicide and self-harm in primary care patients. It will build on work in the 2012-2017 Greater Manchester PSTRC on self-harm in older adults, medicines usage and suicide, and clinical management of depression and self-harm in adolescents and young people.
- The patients and carers sub-theme will conduct research to understand needs for supporting safety among marginalised groups, and to inform new interventions for meeting these needs.

Leads: [Dr Caroline Sanders](#) (patients and carers)

Medication Safety	darren.ashcroft@manchester.ac.uk
Safer Informatics	niels.peek@manchester.ac.uk
Safer care & transitions	stephen.campbell@manchester.ac.uk
Marginalised Groups (mental health)	roger.webb@manchester.ac.uk
Marginalised Groups (patients and carers)	caroline.sanders@manchester.ac.uk
Or visit our website:	http://www.patientsafety.manchester.ac.uk/

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 a member of both the NIHR School for Public Health Research and the School for Primary Care Research and one of only a handful of departments in the country to host two NIHR research professorships.

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 isolation. Tackling socioeconomic inequalities is a cross cutting area of interest in our work.

FURTHER INFORMATION:

Contact Professor Barbara Hanratty: Barbara.Hanratty@newcastle.ac.uk

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

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 doctoral and post-doctoral scientists. 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 doctoral students, our post-doctoral scientists, and our clinician 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 postdoctoral scientists in applied health research. The themes of our [research](#) include:

- Cardiovascular and metabolic conditions
- Health behaviours
- Infections and acute care
- Patient experiences,
- Research methods/Evidence-based medicine

Much of our work takes a global perspective and is truly cross-cutting. We also have access to skills in big data, health policy development, digital interventions, and an in-house UKCRC registered NIHR clinical trials unit.

FURTHER INFORMATION:

If you are interested in working with our teams, please do feel free to make informal enquiries. <https://www.phc.ox.ac.uk/study/dphil-and-msc-by-research/available-studentships-are-listed-below>

Cardiovascular and metabolic conditions (richard.mcmanus@phc.ox.ac.uk)

Health behaviours (paul.aveyard@phc.ox.ac.uk or susan.jebb@phc.ox.ac.uk)

Infections and acute care (christopher.butler@phc.ox.ac.uk or anthony.harnden@phc.ox.ac.uk)

Patient experiences (sue.ziebland@phc.ox.ac.uk)

Research methods/Evidence-based medicine (carl.heneghan@phc.ox.ac.uk)

All candidates should contact the Postgraduate Training administrator, **Daniel Long**, at graduate.studies@phc.ox.ac.uk in the first instance.

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 was 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

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 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 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 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

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

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 or Fiona Stevenson 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

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

Mental Health

The Primary Care Mental Health Research group offers studentship or 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

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

FURTHER INFORMATION:

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