

July 2023

UHS Research Leaders Programme (RLP)

Annual Report 2022-23



Foreword

Dr Kristin Veighey

*Programme Lead, Associate Director
Southampton Academy of Research*

As Lead for the UHS Research Leaders Programme (RLP), it gives me great pleasure to present this first annual report, which showcases the fantastic achievements of the UHS RLP cohort 1 & 2 members and celebrates their successes.

With the current challenges in both the NHS and clinical academic workforce, there has never been a more pertinent time to reflect on the value of such a programme, in allowing those with the potential to be research leaders in their field the time to concentrate on progressing their goals, to making a step change towards authentically outstanding leadership.

The RLP has demonstrated that it is possible to impact on the research culture of an institution, using the RLP cohort members as change agents to inspire others to get involved. It has attracted excellent people to come and work substantively at UHS and empowered those within the programme to open doors that they may not have appreciated existed in the first instance. It has attracted both local and national attention.

The RLP has now inducted 3 cohorts of individuals, all experienced senior leaders in their professions. The programme is multidisciplinary, and includes Consultant Pharmacists, Consultant Clinical Scientists, a Clinical Academic Dietitian, and Medical Consultants.

As a result of the RLP, already these individuals have generated significant research income, have published widely, have represented UHS on national and international platforms, have established new networks, and have broken down boundaries. Key RLP achievements since 2022 include:

- Capacity Building
- Increased Research Income and Outputs
- Changing Culture

There is, however, more to do. We need to ensure that career pathways for all our researchers – and potential researchers – are available and visible. We need to ensure that those in every part of our workforce can engage with research – including clinical and non-clinical staff. We need to empower every member of staff to help us co-produce research that improves the care and lives of our patients, carers, and staff. And we need to continue to build and grow our research leaders of the future.





Prof Alison Richardson
SoAR Executive Director

“

From identifying and shaping research questions, to setting and up and delivering studies, and using research findings to bring about improvements in the quality and safety of healthcare, patient experience and patient outcomes our staff involved in biomedical, clinical and applied health research contribute to every stage of the research process. But their full potential is yet to be realised. UHS took the bold step to develop a programme to enable those with potential to become outstanding research leaders. They can dedicate protected time to research activity, whether as a clinical academic or leading research delivery, enabled by a programme of support and development organised and delivered by the Southampton Academy of Research .

This report demonstrates the many different ways the individuals being supported by the RLP are impacting on practice in the Trust, research study delivery, the wider health system and themselves. They are also playing a significant role in accelerating efforts across the Trust to establish an environment where all staff better appreciate they have a role to play in research, it is not just for the few.

”

Executive Summary



Dr Karen Underwood
Director of R&D



Prof Christopher Kipps
Medical Director of R&D

“

In 2020, UHS Research & Development secured a significant investment in research from UHS Trust Board. This investment included provisions of £4.5million over 5 years for a Research Leaders Programme (RLP), overseen and managed by the Southampton Academy of Research (SoAR). This report serves to update on the progress of the RLP programme and its cohort members, since that time. It provides an overview of the programme, the application process, and the Launchpad2Leadership development programme.

”



Key achievements of the UHS RLP:

Jan 2022 – Jun 2023



£2.66M
in grant income



>200
peer-reviewed
publications (2022-23)



Increase in commercial and non-commercial studies (RLP PIs) by 11 (2021-22 (73)/2022-23 (84 so far this Year))



National **awards**



Establishment of **new palliative care research** group



Increased **research opportunities** for **patients**



Delivery of a cohort based **Launchpad2Leadership** programme



Integration within the UHS Trust Organisational Development offer for **Leadership**



Diversity
of gender, specialty,
discipline, and ethnicity



Transparent application process
with arrangements for constructive
feedback, suggestions for
development and 1:1 session with
RLP team to plan progression



Research activity recognized
within job plans working
towards
sustainability



Networking
opportunities



Attraction of new substantive
senior leaders
to work at UHS



Staff
wellbeing and retention at UHS/UoS

Context

Hospitals engaged in research achieve better outcomes for patients.^[1]

The reasons for this are multifactorial – patients will have access to new and emerging therapies, staff satisfaction and morale are higher, leading to increased retention, reduced vacancy rates, less dependency on locum or bank staff, and a more effective workforce.^{[2][3]} Taking part in research, either as a patient, or as a member of staff, has direct benefits on the quality of care provided.

Clinical and applied health research is fundamental to improving the UK's health and its wealth – every £1 invested in medical research generates a return equivalent to 25p every year, in perpetuity.^[4] NHS organisations benefit financially from participating in research due to increased revenue from investments by commercial research organisations and pharmaceutical cost savings, and grant funding supports a wide range of clinical activity which builds clinical and research capacity.

Healthcare clinicians often express a desire to be involved in research as Principal Investigators (PIs) delivering portfolios of clinical research, but frequently report a range of research skills gaps, and a lack of dedicated time to do so. Experienced clinicians who have not followed an academic training pathway can feel they reach a point when it is too late in their career to become a clinical or applied health researcher.^[5]

These issues require urgent workforce succession planning and re-organisation, adapted to better reflect the diversity of the professions required to develop, undertake, and translate internationally leading healthcare research. If action is not taken, then the future of our clinical research capacity is in jeopardy. The Academy of Medical Sciences (AMS) and Royal College of Physicians^{[4][5]} have both highlighted the need for an integrated approach to train, recruit and retain researchers. This has never been more pertinent than in the current workforce climate, and in the context of the 2023 NHS workforce plan.

[1] Jonker L, Fisher S.J. The Correlation between National Health Service Trusts' clinical trial activity and both mortality rates and care quality commission ratings: a retrospective cross-sectional study. Public Health. 2018 [https://www.publichealthjrn.com/article/S0033-3506\(18\)30001-5/fulltext](https://www.publichealthjrn.com/article/S0033-3506(18)30001-5/fulltext)

[1] Clough S, Fenton J, Harris-Joseph H, et al. What impact has the NIHR Academic Clinical Fellowship (ACF) scheme had on clinical academic careers in England over the last 10 years? A retrospective study. BMJ Open 2017;7: e015722. doi: 10.1136/bmjopen-2016-015722]

[1] National Institute for Health Research/Health Education England Report

2019. <https://www.hee.nhs.uk/sites/default/files/documents/HEE%20NIHR%20Cross%20funder%20NMAHP%20final%20full%20report%20April%202019.pdf>

[1] Transforming health through innovation: integrating the NHS and academia. Academy of Medical Sciences 2020. <https://acmedsci.ac.uk/file-download/23932583>

[1] Research for all: building a research-active medical workforce. Royal College of Physicians UK, 2016



The Research Leaders Programme

Background

The UHS Research Leaders Programme (RLP) was established in 2021, following a significant investment in University Hospitals Southampton Research & Development (R&D) from Trust Board. The RLP is overseen and managed by the Southampton Academy of Research (SoAR), in collaboration with the University of Southampton (UoS).

The aim of the RLP is 'to develop an inclusive, multidisciplinary programme to identify and develop the next generation of healthcare research leaders at UHS'. Essential to delivering this aim for the Trust, is for participants to be able to protect time for research and to receive tailored support to meet their needs.

RLP fellowships are offered competitively with the goal that successful individuals will aim to attract income from commercial study income/grant income/external fellowship income to allow them to continue to fund their protected time beyond the 3-year period of RLP funded time.

Each award consists of:

- funded protected research time (minimum 0.2 WTE)
- mentorship
- access to in-house series of activities/events to facilitate learning & development and promote peer to peer learning (Launchpad2Leadership (L2L))
- funds to support learning and development
- funds to secure methodological support to underpin grant and/or fellowship applications (for those on the Clinical Academic Focused/Growing Chief investigators (CI) programme)
- funds to support attendance at the NIHR Credentialling PGCert (for those on the Research Delivery/Growing Principal Investigators (PI) programme)

Benefits

The benefits of the programme were perceived at three levels:

1. Individuals and their careers – to enable individuals to develop the research concepts and projects, and attending professional skills to sustain them in their careers for the next 5 years
2. Departments – by enabling and encouraging participants to extend their research experience to include wider team members and to use their leadership skills to improve health care delivery in local teams and departments
3. UHS Trust and beyond – through participants building research capacity within the hospital and expanding their research outcomes and influence across the sector, as appropriate

This annual review paper documents the first year of the RLP, i.e., those who started between January and March 2022 and ended in March 2023 and includes details of outputs from both cohort 1 and cohort 2.

Application and Recruitment

The advertisement for new RLP cohort members is circulated widely across the Trust and University, and published on the SoAR website [UHS Research Leaders Programme \(RLP\) Awards \(soar-southampton.org\)](https://soar-southampton.org). The RLP aims to recruit to its values, which includes inclusivity, capacity development and culture change.

Applicants are required to submit an online application form, and additionally return 2 annexes by email – a statement from their manager confirming their support, and guarantee of protected research time/backfill, and a statement from a Research Advisor. The latter is a named individual who would support the research aspirations of the applicant.

Applications were pre-screened by at least 2 members of the RLP team to confirm eligibility. Eligible applications were then reviewed by a panel comprised of R&D Director and Medical Director, SoAR Executive Director and Co-Associate Directors, representatives from Faculty of Medicine, School of Health Sciences, R&D Divisional Leads, R&D Head of Nursing and Health Professions.

Each application was assigned to a dedicated reviewer, with the reviewer presenting a summary of the strengths and weaknesses to the panel. An indicative score from the reviewer was then presented (/5). The panel then voted, with each member assigning a score (/5), and these scores were totalled for each applicant.

During the process, any members of the panel who had a conflict of interest, either by virtue of either being within the direct clinical or research team of the applicant, or where they were a named Research Advisor for the applicant, were asked to step outside the 'room' (cohort 1 virtual, cohort 2 and 3 face to face).

It was anticipated that there would be 5 cohorts of RLP award holders within the investment case period, with the first 2 cohorts starting in year 1, and then an annual cohort. Initially it had been planned for cohort 1 to consist of 5 members, however due to the high quality of applicants it was decided to support up to 10 in each cohort. The numbers of applicants accepted to each cohort has varied according to applications meeting selection criteria standards.

Cohort 1

The advertisement for Cohort 1 launched on 01 October 2021 and closed on 31 October 2021.

The RLP received a total of 21 applications. Of these, 2 were deemed ineligible due to being 'too early in their Research Career' and 'Not employed by UHS (Trainee)'. The panel therefore reviewed 19 applications.

The standard of applications for Cohort 1 was extremely high, with 6 applicants scoring 20, the maximum available score from the panel. These individuals were automatically selected for the cohort.

Discussion was then focused around the others, focusing on the aspirations of the scheme to support both new and established researchers, to support both research delivery and clinical academic activity, and to support a broad range of healthcare professionals.

Following this, 10 individuals were appointed, of which 2 research delivery (PI), 7 clinical academic (CI) and 1 mixed model.

There are 9 Consultant Medical Doctors within the cohort, and 1 Consultant Scientist.

Cohort 2

The advertisement for Cohort 2 launched on 28 March 2022 and closed on 6 May 2022.

The RLP received a total of 13 applications. Of these, none were deemed ineligible. The panel therefore reviewed all 13 applications. In cohort 2, 1 applicant scored 45, the maximum available score from the panel. This individual was again automatically selected for the cohort.

Discussion was then focused around the remaining applications as above. Following this, 7 individuals were appointed, of which 4 are research delivery (PI) and 3 clinical academic (CI).

There are 4 Consultant Medical Doctors within the cohort, 1 Dietitian, and 2 Pharmacists.

Cohort 3

The advertisement for Cohort 3 launched on 30 September 2022 and closed on 21 November 2022.

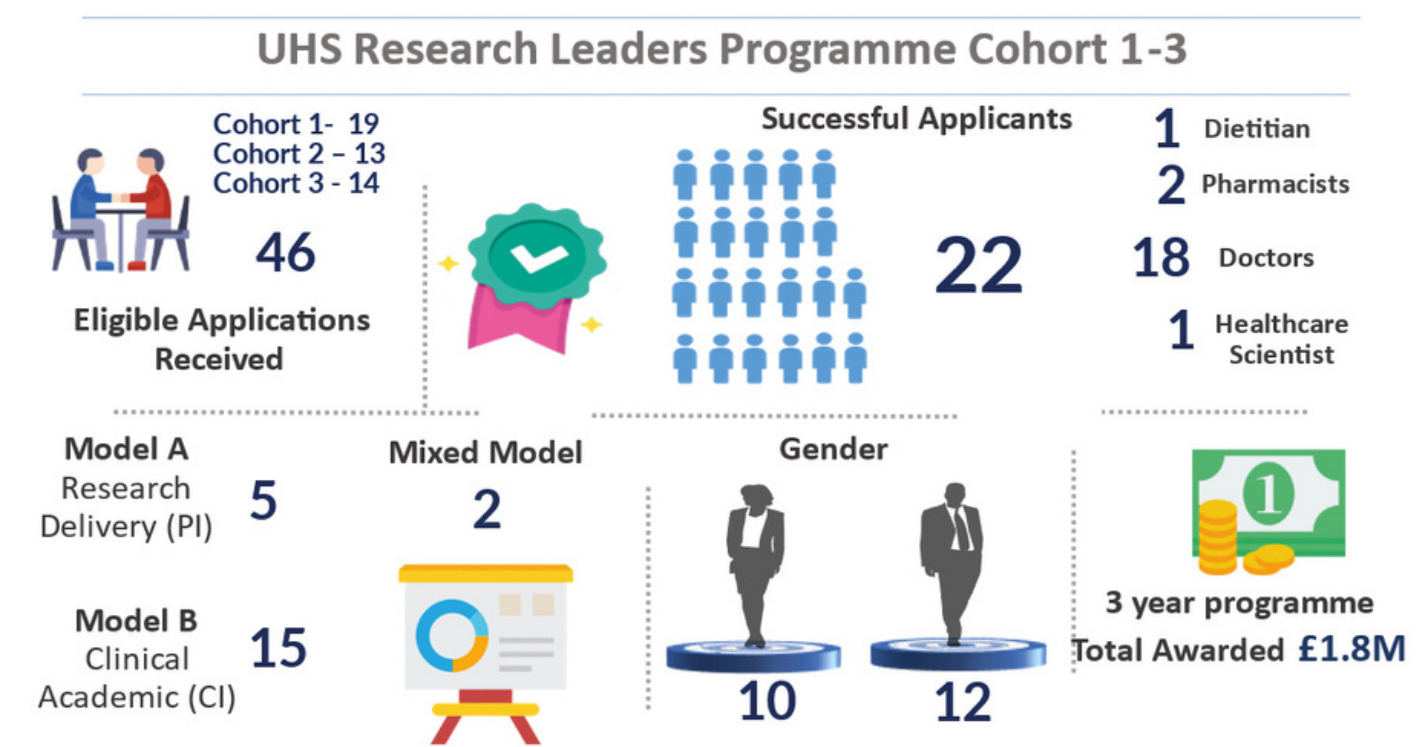
The RLP received a total of 14 applications. Of these, none were deemed ineligible. The panel therefore reviewed all 14 applications.

In cohort 3, 1 applicant scored 40, the maximum available score from the panel. This individual was again automatically selected for the cohort.

Discussion was then focused around the remaining applications, again as per the considerations above.

Following this, 6 individuals were appointed, of which 5 clinical academic (CI) and 1 mixed model. All are Consultant Medical Doctors.

Subsequent to being made aware of their success, unfortunately 2 successful applicants were unable to commence their protected time due to unavailability of backfill. One of these applicants has elected to join the L2L programme with Cohort 3 whilst awaiting backfill arrangements to be put in place. The other has deferred their place to Cohort 4.



Outcomes

Building capacity:

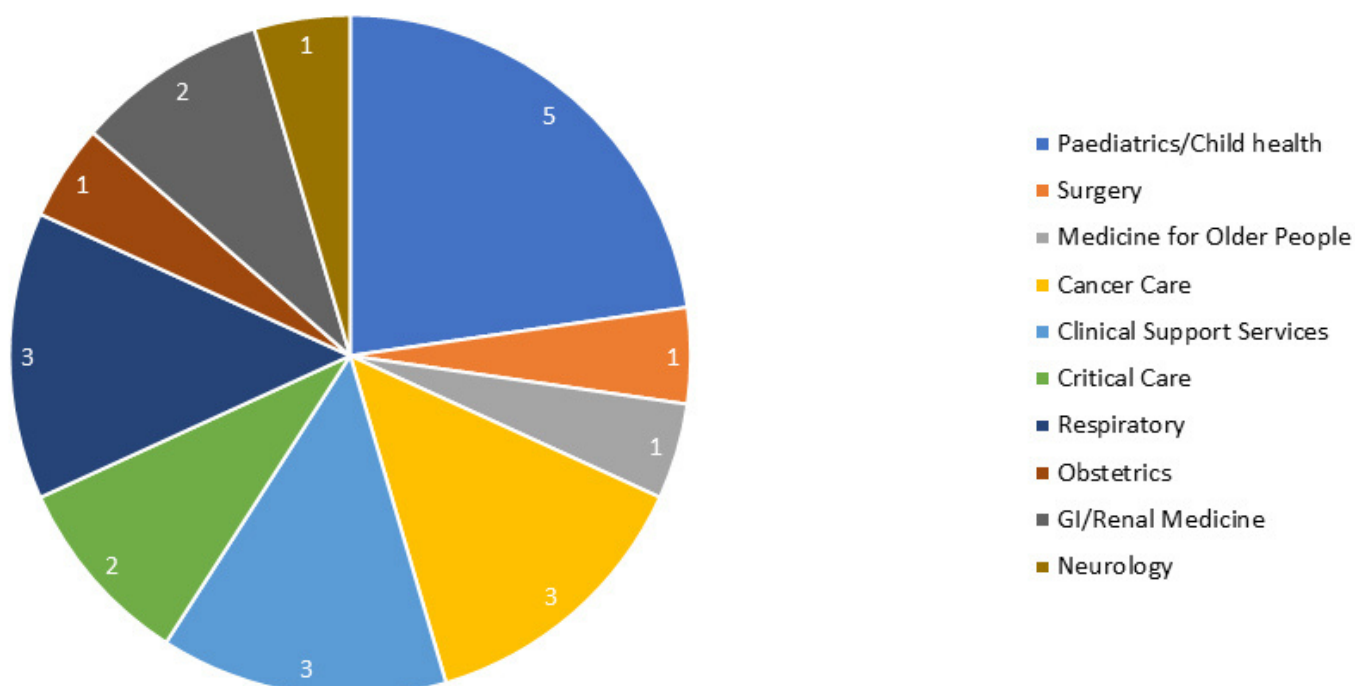
Increasing the number of PIs and CIs (in both streams) who have protected time and the skills to support NIHR CRN portfolio studies will lead to:

- An increased number of externally funded studies opened and recruiting to time and target, both commercial and non-commercial
- A subsequent increase in the numbers of patients recruited to NIHR portfolio clinical research studies and expansion in the breadth of specialty areas offering research opportunities to patients
- A growth in the size of the research delivery workforce

The RLP has increased our study portfolio for PI and CI cohort members from 38 in 2021/22 to 48 in 2022/23 for commercial studies and from 49 in 2021/22 to 47 in 2022/23 non-commercial studies over the first year of the programme.

The RLP has established a new palliative care research area and supported clinical research delivery fellow posts in palliative care, respiratory, paediatric oncology, paediatric respiratory, intensive care medicine, urology, neurology, which support our research leaders. In addition, the increased income from research studies supports expansion within the R&D office and research delivery nursing teams.

Cohort Members Specialty Area



Our RLP cohort members have also supported 14 individuals to complete the National Institute for Health and Social Care Research (NIHR) Associate Principal Investigator (PI) scheme. This is a national scheme which aims to develop health and care professionals to be the PIs (local site investigators) of the future. It is a six month in-work training opportunity which provides practical experience for healthcare professionals starting their research career. People who would not normally have the opportunity to take part in clinical research in their day-to-day role have the chance to experience what it means to work on and deliver an NIHR portfolio trial, under the mentorship of an enthusiastic local PI – in this case an RLP cohort member. Associate Principal Investigators receive formal recognition of engagement in NIHR Portfolio research studies through the certification of Associate PI status, endorsed by the NIHR and Royal Colleges.

www.nihr.ac.uk/health-and-care-professionals/career-development/associate-principal-investigator-scheme.htm

Increased research income:

Increasing the number of CIs who have the time, skills, and experience necessary to develop competitive fellowship and/or grant applications will lead to:

- An increase in the number of externally funded competitive fellowships awarded at doctoral and post-doctoral levels (e.g. (but not limited to) NIHR, Research Councils, Wellcome, Charities)
- An increase in number of NIHR and UKRI grants awarded to UHS/UoS
- An increase in funding secured from commercial sources

Our RLP cohorts have:

- Secured 2 prestigious national competitive fellowships – one Medical Research Council/NIHR Clinical Academic Research Partnerships award, and one NIHR Advanced Fellowship. The latter funds a whole time clinical academic consultant salary.
- Secured 4 grants from NIHR/UKRI funders



Changing culture:



Increasing the number of CIs and PIs committed to improving our research performance will result in greater visibility of research across the Trust and increase opportunities for NHS staff to engage in research and likely result in:

- Increased opportunities for patients to participate in clinical research studies
- A more inclusive research culture/environment where PIs/CIs reflect diversity in terms of protected characteristics and professions
- An enhanced reputation for the Trust
- Increased clinical research activity levels resulting in a positive effect on staff and Trust performance
- Increased opportunities for knowledge mobilization and translation resulting in improvements in patient and organisational outcomes

The impact of culture change is less easy to measure however the increase in research activity and research active specialties will allow more patients to participate in clinical research studies. The RLP is aware that our cohort of research leaders displays ethnic and gender diversity, however the RLP needs to empower more healthcare professions researchers to come forward to be mentored and supported to apply for the programme. The RLP is working towards understanding what support might be needed to help strengthen applications from other professional groups.

Several cohort members have reported coming to work at UHS substantively because of the opportunity of the RLP which they could then apply for. Our cohorts therefore include 2 Medical Consultants who took up substantive posts at UHS which included RLP funding, and a Consultant Pharmacist who worked part time at UHS but was enabled to join the Trust full time due to the RLP opportunity.



Tracking outcomes:

In order to support tracking of outcomes, all RLP cohort members have been facilitated to apply for University of Southampton Visitor status (where they did not already hold an honorary contract with UoS).

RLP cohort members are now reporting achievements through the university Pure system (www.pure.soton.ac.uk). This online web-based system links to other online bibliographic records, enabling publications to be tracked. Conference presentations, abstracts, membership of committees, prizes awarded, guidelines, citations, and social media activity and impact can also be tracked. It is hoped that this will provide not only a mechanism for reporting of these outputs but will also strengthen cross institutional working. In addition, the Edge-3 research management system is accessible by the SoAR RLP team in order to monitor metrics related to research delivery – such as supported commercial and non-commercial studies, and recruitment figures.

Launchpad2Leadership

The RLP, whilst providing protected time to develop research also aligns with UHS culture change objectives. A key vehicle for delivering this is Launchpad2Leadership. L2L provides awardees with individual, peer and collective support. Individual cohort members are signposted towards existing research leadership programmes, such as NIHR Learn. In addition, they can access the UHS Trust Leadership offer. There was not a significant demand for this training by cohort 1, and it is anticipated that in future there will be closer working with the UHS Organisational Development team, to extend more formal leadership training opportunities to RLP cohort members as appropriate to their current leadership roles and future aspirations.

The L2L programme supplements the existing provision in providing a cohort-based approach organized around four meetings per annum, with the year 1 annual theme being 'Authentically Outstanding Research Leadership'. This theme aligned with the Always Improving strategy. The meetings, known as Leadership Gatherings, provide the opportunity for the cohort to receive a leadership insight from invited speakers and to draw on the expertise of colleagues in the form of a peer-led discussion.

Invited speakers this year have included:

- Professor Chris Kipps – UHS Medical Director for R&D
- Dr Karen Underwood – Director of R&D
- Professor Alison Richardson – SOAR Director
- Professor Cathy Bowen - NIHR ARC Wessex Academic Career Development Lead
- Marie Nelson – R&D Head of Nursing and Health Professions
- Professor John Holloway – UoS Associate Vice-President (Interdisciplinary Research)
- Jake Wilkins and team – UHS Always Improving Team
- Teresa Griffiths CBE– Retired RAF Group Captain, (Nurse)
- Professor Maria Stokes - Professor of Musculoskeletal Rehabilitation (SOHS Lead for Equality, Diversity & Inclusion).

Speakers for 2023 include:

- Professor Matthew Flinders, University of Sheffield
- Laura Purandare – Deputy Director, UHS R&D
- Dr Kyla Thomas, Associate Professor in Public Health Medicine
- Andy Moss, UHS Head of OD

Peer led discussions have centred around:

- Your experiences of leadership and reflecting on your leadership style
- Leading when you don't necessarily feel like a 'leader'
- Diversity in Research (e.g., how do you design research to be inclusive?)
- How do we include others in research?

"100% of cohorts 1 and 2 reported that the Leadership Gatherings were useful. In particular, cohort members commented on the ability to spend time discussing both ideas and shared experiences with their peers, and that it was useful to have access to senior research leadership for discussion and support."

"Excellent programme raising lots of superb suggestions on how to be a better research leader. Being part of the programme has already enabled me to access my research funds which I can now utilize to expand our team and develop our research further to hopefully improve outcomes for patients."

"It's an exemplar programme. I find everything helpful, right now in my research leadership am thinking about next steps."

Feedback indicates that the leadership insights and peer-led discussions have been very useful, particularly for prompting self-reflection.

As part of the L2L, cohort members are asked to participate in a 'Strategic Task' which focusses on increasing the profile of clinical research within their departments and promoting research as an activity that is 'for all' both patients and staff. This task has been ongoing for cohort 1. One of the notable advantages from cohort 1 has been the two-way dialogue between the awardees and senior leadership. This was especially evident at the fourth leadership gathering where the awardees and the RLP management team presented their 'year in RLP' and discussed the good points and the areas of challenge. Cohort 1 have been able to directly raise their concerns and make senior leaders aware of any blocking points. This has led to changes in practice i.e., closer working between the Clinical Trials Unit and cohort members, bespoke methodology support from the Research Design Service, support from R&D to guide protocol development and navigation of regulatory processes, and a wider understanding on both sides about challenges and the visibility of the potential solutions.

Wider benefits of RLP in year 1

The programme invited annual reviews in two ways – first, via a collective sharing of experiences and group reflection and second, by a survey of individual progress that includes qualitative feedback.

In addition to publications and income, there are other key areas of benefit and where changes in behaviour and practice have been discernible include:

- Networks have been extended – getting to know people
- Commercial trials
- First collaboration with industry
- Recruiting PhDs and postdocs
- National committee and expert panel work
- Awards
- Government interactions
- Invitations to collaborate nationally and internationally
- Navigating complex international ethical processes
- National stakeholder engagement

In terms of capacity strengthening, it is pleasing to report that the awardees are developing their own research interests, many for the first time as previously have worked on others research projects and programmes. That there has been extensive building of teams and putting teams together i.e., one person has recruited 8 fellows where previously there were none. That the cohort is aware of learning from each other and able to 'share failures' in a more supported way. That the RLP is providing 'time to breathe' in the words of one awardee, and 'time to read and write' and apply for funding. There is a general acknowledgement among cohort 1 that they are stepping-up and that research is less 'hobbyist'. This last comment is especially significant where much research has been conducted as a side-line and as additional activity previously. RLP is providing a research mandate and enabling awardees to consider their research with serious intent.

'Doors we didn't know existed are opening up.'

'Training the next generation'

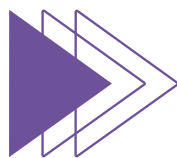
Opportunities and challenges

- The RLP is currently working along with the University to finalise arrangements for enhanced honorary status for appropriate UHS employed clinical academics – including RLP cohort members. This would allow such individuals, who contribute significantly to the research activity of both institutions, to lead on grant applications (as CI), to supervise doctoral students, and to access the full range of systems at UoS.
- The wider research system is in a state of flux at the present time, with the development of the new Research Delivery Network (replacing the Wessex Clinical Research Network, CRN), RDN, which includes Thames Valley, and with the creation of Research Support Services (RSS) which include functions of the existing Clinical Trials Unit (CTU) and Research Design Service (RDS). These entities have been essential in the support of our existing cohort members, and in helping them aspire to greater things than they perhaps envisaged at the outset. Therefore, the RLP will continue to work closely with the RDN and RSS to ensure that the RLP cohorts continue to be empowered and supported.

- We appreciate that there is a need to see a greater diversity in the professional groups who succeed in securing places on our RLP cohorts. We are looking at whether there might be an opportunity to create bridging fellowships, in order to support individuals to have protected time for e.g., 12-18 months to enable them to strengthen an RLP application. We are also considering inviting cohort 1 awardees to sponsor and coach other potential applicants, particularly from the healthcare professions, to apply to the programme.
- Some awardees have less experience and success with funding applications than others, and we will address this by providing intensive training and support to those individuals.
- The transition between UHS and UoS can be difficult to navigate for individuals, and processes for progression and promotion, in particular on the University side can be difficult to access. Information is often held on intranet sites behind firewalls. We have facilitated our RLP cohort members to all have honorary status with UoS, and are working closely with the Faculty of Medicine, School of Health Sciences and others to ensure academic pathways are clear and well documented – and that support is available for those moving between, or collaborating between, both institutions.
- The interplay between clinician and non clinician can be challenging. The RLP aims to facilitate networking between all healthcare researchers and scientists, to allow projects to be truly interdisciplinary, and to ensure that our research science focusses on addressing the healthcare needs of our population, both now and in the future.
- We have seen how our RLP cohort members have developed in confidence, and want to inspire others to be confident to progress their research aspirations, regardless of their professional background or the stage of their research journey,



Next steps



- We plan to work in closer collaboration with the UHS OD team in order to integrate the RLP offer with the Trust's own leadership training offer. This will allow us to complement both programmes with training that is appropriate to each individual and their position in their leadership journey.
- We plan to introduce specialist funding application coaching/mentoring to provide intensive support to those less experienced/successful with funding applications.
- Maintaining a pipeline of researchers with the trajectory to become research leaders requires investment at every stage, from junior researchers up to independent research leaders. We appreciate that our cohort requires more diversity of professional groups, especially for those who are in the postdoctoral phase of their research career, those who are academic clinicians (i.e., those without formal academic qualifications such as PhD/MD but wish to pursue a clinical research career), research delivery focused staff, and those who come from non-medical backgrounds. It would be our ambition to broaden access to the scheme by creating shorter transitional fellowships, giving individuals the time to consolidate and develop a competitive application to the RLP.
- We are working closely with our R&D finance team and partners, and with UoS, to ensure we plan fully for financial sustainability.
- "The RLP has enabled and empowered our research leaders to grow and thrive. Giving them dedicated, protected time for research has demonstrated their value. It has increased our research capability and capacity, enabling us to be a centre of research and clinical excellence for the future."

Appendices

- Full Biographies available <https://www.soar-southampton.org/research-leaders-programme-award-holders>

Appendix A – Bios (see below)

- Cohort 1



Katherine Lachlan
Consultant Clinical Geneticist



Matthew Wheeler
Medical Oncology Consultant



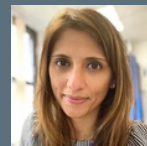
Ahilanandan Dushianthan
Intensive Care & Respiratory Consultant



Bhaskar Somani
Consultant Urological Surgeon



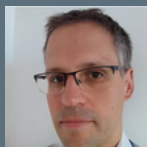
Jessica Bate
Paediatric Oncology Consultant



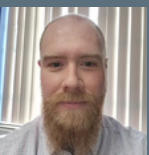
Hitasha Rupani
Consultant Respiratory Physician



Stephen Lim
Consultant Geriatrician



Matthew Guy
Consultant Clinical Scientist



Mark Banting
Palliative Medicine Consultant



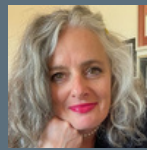
Phil Hyde
Paediatric Intensive Care Consultant

Appendices

- Cohort 2



Hannah Markham
Consultant Histopathologist



Luise Marino
Clinical Academic Paediatric Dietitian



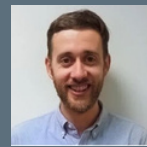
Cathy McKenzie
Consultant Pharmacist in Critical Care



Andy Fox
Consultant Pharmacist for Medicine Safety



Sophie Fletcher
Consultant Respiratory Physician



Matthew Stammers
Consultant Gastroenterologist and Data Scientist



Boyd Ghosh
Consultant Neurologist

- Cohort 3



Hazel Evans
Consultant Respiratory Paediatrician



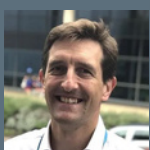
Linden Stocker
Foetal Maternal Medicine Consultant



Mark Wright
Hepatology Consultant



Judith Cave
Medical Oncology Consultant



Thomas Daniels
Consultant Chest Physician

Appendices

Appendix B: Schematic representation of Research Leaders Programme components

