

Job description

Job title:	Innovation and Improvement Fellow for the RCS England SUPPORT Improvement Collaborative.
Grade:	Pay scales for surgeons / doctors in training in England up to ST5 (£40,257 to £51,017, plus London weighting) in a full-time position or from ST6 to ST8 (£58,298 pro rata plus London weighting) in a part-time position, depending on qualifications and experience.
Department:	Quality Improvement Department within the RCS England Research and Quality Improvement Directorate.
Responsible for:	No direct line reports.
Accountable to:	Quality Improvement Programme Manager and ultimately Director of Research and Quality Improvement.

Job summary

This one-year Innovation and Improvement Fellow post offers a unique opportunity to work within the SUPPORT (**S**urgeon **P**eer-led **P**ost-incident **R**esponse **T**eams) Improvement Collaborative being run by the Quality Improvement Department within the RCS England Research and Quality Improvement Directorate.

SUPPORT is a unique new initiative aimed at improving the support systems available to surgeons after adverse events across the UK. Having recruited 12 hospitals across the UK and one in Ireland, we are now supporting these organisations to introduce, develop, and maintain the practical approaches described by the RCS England's [Supporting Surgeons After Adverse Events good practice guidance](#) and through this improve the support provided to surgeons.

You will help the team to provide support to participant organisations across a 12 to 18 month period, with participants initially orientated to these approaches and then assisted to introduce them into their hospitals. The Improvement Collaborative will then support participants to maintain these approaches across a 12-18 month period, sharing their experiences across the collaborative, and learning and collating data about this activity and its impact.

The successful candidate will work in partnership with the QI Programme Manager, Director of Research and Quality Improvement and other members of the SUPPORT improvement collaborative project team, including our Surgical Lead for SUPPORT, Professor Kevin Turner, Consultant Urologist at University Hospitals Dorset and Visiting Professor at Bournemouth University.

You will work in a vibrant and supportive Research and Quality Improvement environment, putting you at the heart of a national team that plays a key role in improving the services provided to surgeons in UK hospitals. The role will provide you with the opportunity to contribute to high-profile peer-reviewed papers, and other publications, as well as enable you to develop of research and quality improvement in surgery expertise, and will help you to strengthen the SUPPORT Improvement Collaboratives outputs. Areas of work may include applying and evaluating different improvement approaches, developing methods for surgical wellbeing assessment, and analysing the impact of wider quality improvement initiatives as well as how RCS England might develop these further.

This is a unique opportunity to participate in a national quality improvement and national transformational change role centred around surgical wellbeing that may in time be applicable to all hospitals across the UK and more generally across the world.

We would expect the Innovation and Improvement Fellow to build skills in design and implementation of quality improvement programmes which could be applicable to future QI collaboratives run by RCS England, either to support surgical wellbeing, or to enhance other aspects of the care delivered by surgeons.

Further details about the RCS England Research and Quality Improvement department and our quality improvement collaborative work to date are available at the bottom of the job description.

Specific duties and responsibilities

1. Quality Improvement

To work closely with the SUPPORT team (the QI Programme Manager, the Director of Research and Quality Improvement, the Surgical Lead for SUPPORT, the SUPPORT team's two clinical psychologists and staff in RCS England's Research and Quality Improvement department) to deliver the work of the Improvement Collaborative. This to include:

- Supporting staff at the participant hospitals to engage in the Improvement Collaborative.
- Developing and delivering online and in person quality improvement activity.
- Facilitating peer learning sets and other wider QI learning activity.
- Evaluating and applying quality improvement methodologies that can be translated across the SUPPORT improvement collaborative and wider RCS England quality improvement work.
- Engaging with wider stakeholders, integrated care boards and local NHS trusts / Local Health Boards to support implementation of surgical wellbeing and other quality improvement activities and initiatives.
- Engaging with professional bodies and Royal Medical Colleges to support implementation of surgical and other medical/clinical wellbeing quality improvement activities and initiatives
- Supporting the participant hospital teams with the development and implementation of their quality improvement plans.

- Analysing and evaluating wider determinants of surgical/medical wellbeing and considering how these can be best implemented with the SUPPORT Improvement Collaborative and wider RCS England quality improvement programmes.
- Evaluating the impact of the SUPPORT Improvement Collaborative.
- Developing and delivering plans for phase two of the SUPPORT Improvement Collaborative.

2. Communication

- To report results and impacts of the SUPPORT improvement initiatives in reports and papers for peer-reviewed publications
- To present findings at conferences.
- To liaise with professional bodies, charities and other stakeholders in order to publicise and support the work of SUPPORT.
- To contribute to developing and implementing plans for SUPPORT (and wider RCS England) quality improvement activities including: improvement events, workshops and webinars
- To promote engagement with trainee networks, professional bodies and patient panels
- To contribute to wider RCS England Research and Quality Improvement communications (newsletters, emails, social media, website)

3. Collaboration with MPS, NHS England, and other relevant organisations to improve quality and timeliness of data, and increase the engagement of staff within NHS hospitals

- To liaise with MPS, NHS England and other relevant organisations with an interest in surgical and medical wellbeing to ensure the SUPPORT Improvement Collaborative has maximum impact.
- To liaise with staff in participating NHS hospitals in order to publicise SUPPORT and its findings
- To liaise with wider professional bodies (ie surgical specialty associations) involved in supporting surgical and wider medical wellbeing and to represent SUPPORT at their regional and national meetings.

4. Other

- To undergo further training in statistics and audit / research methodology including implementation science
- To maintain the confidentiality of data at all times and to ensure that the requirements of the General Data Protection Regulation (GDPR) are met throughout the project
- To ensure that the data collection, analysis and reporting is carried out to the highest professional standards
- To carry out other occasional duties within the RCS England Research and Quality Improvement department, e.g., contributing to training workshops

There will be no clinical duties or on-call commitments but there is flexibility to allow the post-holder to maintain some clinical practice.

We encourage trainees to reach out to Ms Sheena MacSween, QI Programme Manager with any queries: smacsween@rcseng.ac.uk

This job description will be subject to review in the light of changing circumstances and may include other duties and responsibilities as may be determined. It is not intended to be rigid or inflexible but should be regarded as providing guidelines within which the individual works.

Person specification

	Essential	Desirable
Qualifications	<ul style="list-style-type: none"> Membership / Fellowship of RCS England 	
Experience and skills including technical competencies	<ul style="list-style-type: none"> Relevant clinical experience Experience in analysing clinical data Familiar with software for data management and statistical analysis Good numeracy (e.g., good pass at A level or equivalent) Good understanding of health-related research and quality improvement methods Good understanding of basic statistical principles Evidence of NHS based quality improvement 	<ul style="list-style-type: none"> Evidence of peer-reviewed publications Evidence of presenting research at professional conferences Understanding of epidemiological research (study design, data collection and analysis)/ Understanding of implementation research/Quality improvement methods Good understanding of national clinical audit and quality improvement programmes
People and interpersonal skills	<ul style="list-style-type: none"> Excellent verbal and written communication skills Good organisational skills Ability to think systematically and critically Computer literate and proficient with office software Ability to work independently Ability to work in a small team 	

The post holder will also need to demonstrate the following values:

Collaboration	We embrace our collective responsibilities working collaboratively and as one college.
	<ul style="list-style-type: none"> • We work together, using our collective expertise and experience to effect positive change • We are open, honest and transparent, straightforward in our language and actions, acting with sincerity and delivering on our commitments • We take our responsibilities to each other, to patient care and to the environment seriously and we act with this in mind across our work
Respect	We value every person we come into contact with at the College as an individual, respect their aspirations and commitments in life, and seek to understand and meet their physical and wellbeing needs.
	<ul style="list-style-type: none"> • We treat everyone we meet with kindness and integrity, and we seek to promote these behaviours in others • We actively seek a range of views and experiences across our work, and we listen to, and make everyone feel, a valued part of the team
Excellence	We aspire to excellence and success. We share learning from our experiences, apply feedback into practice, and commit to continual improvement.
	<ul style="list-style-type: none"> • We work hard to be the best at what we do, recognising and celebrating effort and achievement, and reflecting on our work, so we can learn and improve • We value and invest in research, education and training to drive excellence and put improvements in surgical practice, dentistry and patient care at the heart of our work • We always seek to learn and discover more, valuing knowledge and scientific evidence, basing our decisions on insights, fact and experience

The Royal College of Surgeons of England is an Equal Opportunities Employer. We are open to all talent and we actively ensure that all qualified applicants will receive equal consideration for employment without regards to age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

Appendix one

Background to RCS England's QI Collaborative work within the RCS England Research and Quality Improvement Department

Alongside our Research, Surgical Trials, and Audit work, Quality Improvement is a central component of the Improving Practice aim of RCS England's strategic plan for 2021 to 2026.

We want to embed quality improvement (QI) in surgery, and improve the quality and reduce the variability of patient outcomes.

We are working to achieve this by:

- Promoting and raising awareness of QI in surgery
- Developing QI capacity and capability across the surgical care team
- Supporting surgeons and surgical teams to undertake QI projects that improve care for patients
- Spreading best practice in QI in surgery

Our Quality Improvement work to date

Since 2016, RCS England has developed a strong track record of running quality improvement collaboratives to enable surgical care teams to deliver improvements to surgical care. Examples include:

Acute gallstone disease QI collaboratives: Chole-QulC, CholeQulC-ER, Chole-QulC3 and CholeQulC4

Chole-QulC

Thirteen hospital sites participated in [Cholecystectomy Quality Improvement Collaborative \(Chole-QulC\)](#) which ran from October 2016 to January 2018. The collaborative was successful in its aim of reducing time to urgent cholecystectomy for eligible patients as shown in the evaluation paper published in BJS Open¹. A second evaluation paper identified key factors that enabled hospitals to succeed and overcome challenges to improvement. One of these factors being the importance of structured support provided by participation in an improvement collaborative.²

¹ BJS Open, 2019, Effectiveness of a quality improvement collaborative in reducing time to surgery for patients requiring emergency cholecystectomy, <https://bjssjournals.onlinelibrary.wiley.com/doi/full/10.1002/bjs5.50221>

² Implementation Science, 2019, Understanding the influences on successful quality improvement in emergency general surgery: learning from the RCS Chole-QulC project, <https://rdcu.be/bPqui>



CholeQuIC-ER

[Cholecystectomy Quality Improvement Collaborative-Extended Reach \(CholeQuIC-ER\)](#), RCS England's first subscription based QI collaborative launched in July 2019 and closed in December 2020. Twenty-two trusts / health boards participated in the project. The project offered sites the opportunity to improve radically outcomes for patients with gallstone disease using proven quality improvement methods and implementing the learning from Chole-QuIC. Organisations within the collaborative were very successful at delivering improvements to patient care. The cohort's 8-day rate improved from a comparable rate to non-participating sites across England and Wales (control sites) of approximately 15% to 17.6% in March 2020 (compared to the control rate of 14.0%).

When gallstone services restarted in July 2022, CholeQuIC-ER sites recovered more quickly than control sites, ending the project in December 2020 with an average 8-day rate of 18.6% (compared to the control rate of 12.4%). The majority of CholeQuIC-ER sites improved their 8-day surgery ranking. One site increased its ranking by 81 places, and the top two 8-day dates across England and Wales are now held by CholeQuIC-ER sites.

The full CholeQuIC-ER cohort improved their 8-day surgery rate and average time to surgery during the collaborative period. See figure 2 below. For more information read the learning report on the webpage www.rcseng.ac.uk/cholequicer

Chole-QuIC3

RCS England launched its third [Cholecystectomy Quality Improvement Collaborative 3 \(Chole-QuIC3\)](#) in April 2021, with the project closing in July 2022 - see this [Bulletin article](#) for further information. Twelve trusts / health boards participated in the project (6 new sites and 6 continuing sites). Our (currently unpublished) evaluation suggests that similar high quality improvement has been achieved.

CholeQuIC4

Our fourth QI collaborative aimed at improving acute gallstone care launched on 25th September 2023 and will spend 12 months supporting 8 hospital Trusts across England, Wales and Scotland to improve their cholecystectomy care.

HandsFirst QI collaborative

Having successfully delivered two quality improvement collaboratives in acute gallstone disease RCS England wanted to demonstrate that it could translate this QI approach to other specialty areas.

Our [HandsFirst QI collaborative](#) launched in October 2021 and the project closed in December 2022. Using a participant subscription model we worked with orthopaedic and plastic surgery teams from 25 trusts and health boards across the UK to improve the quality of care for hand trauma patients and delivered transformational change. Our recently published [Learning Report](#) shows the significant improvements with have made to the quality of care for patients suffering hand trauma nationally.

HandsFirst2

Following the successful completion of HandFirst, we launched the follow on QI collaborative [HandsFirst2](#) on 20th October 2023 working with 12 hospital Trusts across England and Wales until December 2024.

The SUPPORT Improvement Collaborative

Expanding our QI portfolio into areas promoting the wellbeing of surgeons on 29th January 2024 we were delighted to [launch our new SUPPORT Improvement Collaborative](#), working with 12 hospitals in England and 1 in Ireland to improve the support provided to surgeons after adverse events in their surgical practice.

Wider work

Alongside the above, we have also developed [two good practice guides](#) supporting surgeons and trainees to undertake QI work, and have developed an [online hub](#) for surgical care team members interested in QI. We have also created proposals for the Health Foundation to establish a QI network across surgery.