ACADEMIC PRIMARY CARE

EDUCATION AND RESEARCH
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Foreword

Welcome to our second report.

These reports are designed to celebrate Academic Primary Care at Keele and the local, national and indeed international collaborations and our collective contributions to health education and research. This year we welcome for the first time the contribution from the School of Pharmacy which is making an increasingly important contribution to primary health care.

Highlights since our last report:

- Keele appointed Professor Val Wass, an internationally renowned medical education specialist and general practitioner, as Head of the Medical School.
- Keele’s Primary Care Department has been admitted to the National Institute of Health Research School of Primary Care Research as one of the eight top-ranked primary care research units in England.
- Keele University was selected in a national competition for a prestigious Queen’s Anniversary Prize for Higher and Further Education in 2009 – the first time Keele has been recognised in this way – for the work of its primary care research in “Pioneering early intervention and primary care in the management of chronic pain”.
- Keele appointed two new Professors in Primary Care Research: Krysia Dziedzic and Nadine Foster, both physiotherapists by background, with established reputations in researching the effectiveness of primary care interventions for musculoskeletal pain.

And the:

- Huge support from the people and health professionals of North Staffordshire, helping the recruitment and retention of health graduates locally, and to build and consolidate our community impact, a central ambition of the Faculty of Health.
- This is underlined by the lists of our 427 community partners – general practices, pharmacies and third sector organisations - who play a key role in delivering our vision of a community orientated Faculty of Health.

We start this year’s report with a selection of stories from education about our new Head of School and our novel third sector engagement programme, research on the recognition we have received and the success that Keele and its NHS partners have had in recruiting patients into primary care research projects, and finally, one which combines education and research with the story of the growth of primary care research capacity development. The sections that follow then summarise our 18 months’ work.

RK McKinley
**Keele awarded prestigious Queen’s Anniversary Prize for Higher and Further Education 2009**

Every four years all Universities and Higher Education establishments in the United Kingdom are invited to submit one of their academic groups or initiatives for a Queen’s Anniversary Prize. These awards are part of the official honours system but, unusually, are made to institutions rather than individuals. It is an open competition judged by panels drawn from over 300 referees from all walks of academic, professional and civic life. Keele was awarded a Queen’s Anniversary Prize in 2009 – the first time a Keele department had won the Award and we believe a first time for any department of primary care.

This was in recognition of the work of its internationally renowned Primary Care Sciences Research Centre, home to the Arthritis Research UK Primary Care Centre. The Centre studies the causes and effects of chronic pain (especially back pain and arthritis) and aims to develop treatments which help people to reduce the severity and impact of pain in their daily lives.

Peter Croft, Professor of Primary Care Epidemiology and Director Primary Care Musculoskeletal Research Centre, said: “The Centre was pleased to represent the University in applying for the Queen’s Anniversary Award, and we are delighted to have been awarded the prize. This is a tremendous achievement, and gives recognition to the high standard of research undertaken in the Centre, to the dedication and hard work of all our staff, and to the local health professionals, patients and members of the public who support our research.”

**The National Institute for Health Research (NIHR) School of Primary Care Research**

Right at the start of the academic year, we heard from Professor Sally Davies, Director General of NIHR, that Keele had been selected to become a member of the NIHR’s flagship National School of Primary Care Research. Our 2008 Research Assessment Exercise submission had met the criteria for entry to the National School through our distinctive combination of high active researcher numbers and quality of our research. We join the seven other top-ranked primary care research departments in England in the School.

This is an exciting development for Keele. It provides research income for peer reviewed projects and fellowships, but even more importantly creates and actively promotes collaborations between researchers in the member departments. This is a real opportunity for our team of young researchers to build and sustain co-operatives, such as we have already enjoyed in the successful collaboration with Bristol University on the Medical Research Council-funded PhysioDirect trial.
New Head of School of Medicine

In December 2009, the School welcomed a new Head of School, Professor Val Wass, following Professor Richard Hays’ appointment as Dean of the Faculty of Health Sciences and Medicine at Bond University in Australia. Professor Hays, whose clinical background is in general practice, successfully led the School for four years during which the first three Modules of the new Keele curriculum were developed and introduced. He provided inspirational leadership and educational expertise, and he will be continuing to follow our progress with interest.

Following her graduation from Guy’s Hospital in London, Val worked for ten years in Paediatrics and Nephrology before an interest in holistic patient care led her to train in Primary Care. She practised for 11 years as a GP in Kent before moving back into academic medicine at Guy’s, King’s and St Thomas’s Medical School as a Senior Lecturer in Primary Care. In 2003 she was appointed as Professor of Community-based Medical Education at Manchester Medical School and was responsible for the community programme and for leading academic and international development of the course as a whole. Val has published a number of highly cited papers on evaluation, QA and assessment methodology, and contributed widely to PMETB guidelines during her period as convenor and chair of the Examination Board at the Royal College of General Practitioners. She is currently International Development Advisor for RCGP involved in the development and assurance of undergraduate and postgraduate examinations in the UK, Europe and Asia. Val holds a Masters and PhD from Maastricht University and was awarded a National Teaching Fellowship in 2008. Her current research centres on cultural diversity within medical training, professionalism and the development of health care education to meet the needs of globalisation.

The Third Sector: - Helping achieve ‘excellence’ through diversity

The School of Medicine aims to “graduate excellent clinicians”. In service of this aim, we want our students to understand the complexity of health and social care and to be able to work with many different types of health and social care providers. We are working with nearly 150 third sector organisations in Stoke, Staffordshire and Shropshire. These organisations are charities, voluntary bodies, social enterprises and mutuals as well as some statutory and private sector providers of health and social care. They make a unique contribution to the development of our students’ communication skills, awareness of local communities and the health and social care provided by organisations outside the NHS. Interest is growing rapidly and the third sector and its users are embracing the opportunity to help us ‘graduate excellent clinicians’. We are extremely grateful to them all.

The 2009-10 evaluation of the curriculum’s largest third sector programme, the module 2 student selected component (SSC), revealed how much students are benefiting from the diversity of their experiences. One student commented that the project had been “…one of the best experiences in medicine so far, it has been both eye opening and immensely informative”. Work continues to support our existing providers and welcome new providers as opportunities for third sector input develop across the Undergraduate Curriculum.

For further details please contact Helen Derbyshire, Placements Development Officer, School of Medicine, Keele University, Keele, Staffordshire, ST5 5BG (Tel:) 01782 734671 or (Email): h.derbyshire@hfac.keele.ac.uk
Delivering results which make a difference: Collaboration between Keele and our NHS partners

Keele works in close partnership with General Practitioners, Nurses and Allied Health Professionals, and Service Managers from NHS North Staffordshire, Stoke and Central & Eastern Cheshire, to develop and deliver its world-leading research in musculoskeletal pain.

The cornerstones to this success are:

• The local framework of the NHS/academic partnership, encapsulated in the Primary Care Musculoskeletal Research Consortium
• Support from the West Midlands North Research Networks for clinical research
• The relevance of musculoskeletal research to the NHS
• The impact of our research findings, locally, nationally and internationally

The Primary Care Musculoskeletal Research Consortium

The Consortium oversees the planning and delivery of grant-funded programmes worth £27 million, supported by the National Institute of Health Research (NIHR), Medical Research Council, Wellcome Trust and Arthritis Research UK.

It aims to ensure that:

• clinicians and NHS managers are engaged in setting the priorities for the musculoskeletal research programme;
• the research programme is important and relevant to NHS and patient concerns;
• the NHS participates fully in the delivery of that programme;
• opportunities for disseminating key results from musculoskeletal research are optimised.

Twenty-five staff - from a range of clinical disciplines including general practice, rheumatology, physiotherapy, nursing and clinical psychology - are now employed as clinical academics across Keele and the local NHS. Twelve are recipients of major national research fellowships from the NIHR, Arthritis Research UK, MRC and from the Strategic Health Authority.

Our research findings have helped to transform community services for musculoskeletal conditions, supporting the delivery of Fit for the Future and local NHS aspirations of delivering care closer to home.

Keele’s partnership with the Clinical Research Networks

NHS North Staffordshire hosts the West Midlands North Comprehensive Research Network, and the Primary Care Research Network – Central England. The clinical networks are the NHS bodies which provide the infrastructure and service support funding to enable Keele’s research programme to be delivered within routine health care settings.

NHS Stoke-on-Trent, NHS North Staffordshire and NHS Central and Eastern Cheshire have:

• recruited 80,000 patients to studies
• attracted over £2 million of primary care network resource to support delivery of research activities
• hosted a cadre of GPs, nurses, physiotherapists and consultants who have joint clinical academic appointments and bring a new level of research awareness to clinical practice

The research networks have invested significant resources to support delivery of their research activities. This has led to a dedicated infrastructure of 38 clinical and research management staff embedded in primary care, including eight GP Research Facilitators who support recruitment of general practices to the Network, and support set-up of new research projects.

North Staffordshire PCT, has 21 Research GP Practices involved in recruiting patients to research, and five primary care centres acting as research sites to deliver the Consortium’s trials and intervention studies. Seven GP practices are in the process of joining the research network.

NHS Stoke-on-Trent has 44 Research GP practices and four primary care centres, with two GP practices in the process of joining the network.

Central and Eastern Cheshire PCT, has 24 GP practices and 18 primary care centres. Eleven GP practices are in the process of joining the network.
Keele: a career destination for health researchers.

Research capacity development

Developing research capacity continues to be a priority for the Research Institute. The introduction of the Keele Academic Pathway (led by Christian Mallen) has been a positive strategic move that is already paying dividends. This initiative provides opportunities for medics at all stages of their career to acquire strong research training from a clear portal through access to research training for medical students and junior doctors to a career ladder for all researchers.

The importance of academic exposure early in the medical curriculum is a key feature of the Keele Academic Pathway. We have introduced a student research group (led by Christian Mallen and Gemma Mansell) allowing medical students to gain skills in systematic reviewing and early exposure to a thriving research environment. The introduction of a month long undergraduate module on quantitative research methods (led by Ed Roddy and Danielle van Der Windt) has been a popular and highly successful addition to the range of student selected components offered by the Medical School. The Research Institute has also pioneered the popular MPhil level intercalation (Christian Mallen and Samantha Hider) allowing 4th year medical students to take a year out of core medical training to pursue an in-depth piece of original research as part of a multidisciplinary team.

The Academic Foundation Programme goes from strength to strength. The scheme is now attracting strong external candidates and has become highly competitive. Using the Keele MMedSci research methods module to provide core training allows Foundation trainees to accumulate academic credits and current trainees have presented their research at national conferences and published in peer-reviewed journals.

The RI has been successful in bidding for additional NIHR funded Academic Clinical Fellowships (ACF) and Clinical Lectureships (CL). In addition to Fellowships in general practice and rheumatology we have also appointed two clinical epidemiology ACFs (nephrology and respiratory medicine) and have been awarded a CL post in Medical Education. John Bedson has been appointed to the NIHR Clinical Lectureship in General Practice. Tope Roberts and John Edwards have both been successful in gaining NIHR In-Practice Fellowships. Complementing this national scheme are a number of Deanery funded academic GP extension posts. We have had these posts for over a decade. They were a precursor to the national Academic Clinical Fellowships and have been the stepping stone to a number of external fellowships and substantive University lectureships for their holders.

In addition to the work in developing academic medical careers, the RI has also developed research capacity for allied health professionals and methodologists. Led by Krysia Dziedzic (AHP/nursing), Jane Richardson (sociology) and Kelvin Jordan (statistics) we have been successful in winning three SHA funded pre-doctoral Fellowships in nursing (Andrew Finney) and physiotherapy (Siobhan Stynes and Martin Thomas). In addition a doctoral fellowship (Andrew Finney) and a Clinical Lectureship (Kika Konstantinou) have been awarded under the NIHR Clinical Academic Training scheme, and Gwenllian Wynne-Jones has started her NIHR Post-doctoral Fellowship in Epidemiology and Nursing. Linda Chesterton is seconded to the RI from the School of Health and Rehabilitation to co-ordinate our Research for patient benefit project on TENS for Tennis Elbow, and has been promoted this year to Senior Lecturer.

Another important aspect of our research capacity development is our strategy for appointing overseas researchers as Visiting Fellows. Dr Hylton Menz, Associate Professor of Health Science at LaTrobe University in Melbourne, has completed a six month fellowship in the Centre, and is supporting the development of our programme on foot pain. Margaret Grottle, Senior Research Fellow in physiotherapy in Oslo, completed a four month fellowship with the Centre to identify the different prognostic factors for poor outcome in acute and chronic back pain.

Keele’s own support for research capacity development has been demonstrated by the promotion of two of our Senior Lecturers to Personal Chairs. Krysia Dziedzic and Nadine Foster have been members of our group for over 10 years. Krysia was the first AHP to be awarded an Arthritis Research Campaign Senior Lectureship and has now become the Arthritis Research UK Professor of Musculoskeletal Therapies. Nadine Foster was only the second physiotherapist to be awarded an NIHR Career Scientist award and becomes Professor of Musculoskeletal Health in Primary Care.
SECTION 1

EDUCATION AND TRAINING
Staff

Professorial

Robert K McKinley
Professor of Academic General Practice

Senior Lecturers

Peter Coventry
Senior Lecturer in Community Medical Education, Shropshire (Part time)

Clive Gibson
Senior Lecturer and Director of Academic Staff Development

Janet Lefroy
Senior Lecturer in Community Medical Education (Part time)

Lecturers

Sheena Gibson
Lecturer in Community Medical Education (Part-time)

Simon Gay
Lecturer in Academic General Practice (Part time)

Robert Jones
Lecturer in Academic General Practice (part-time)

Maggie Bartlett
Lecturer in Academic General Practice (part-time)

Jane Gray
Clinical Tutor in Academic General Practice (part-time)

Milan Mehta
Teaching Fellow in Academic General Practice (part-time)

Helen Derbyshire
Placements Development Officer

Honorary Senior Lecturer in General Practice

Kevan Thorley
Higherland Surgery, Newcastle

Honorary Lecturers in General Practice

Elizabeth Cottrell
Academic Vocational VTS and Academic Clinical Fellow

Joseph Hapuarachi
Harley Street Practice, Hanley, Stoke-on-Trent

Uday Pathak
Cobridge Medical Centre, Stoke-on-Trent

Honorary Clinical Teachers

Napoleon Acquah
Loomer Road Surgery, Chesterton

Michael Adilih
Furlong Medical Centre, Tunstall, Stoke-on-Trent

Timothy Breeze
Willow Street Medical Centre, Oswestry

Karen Burger
Cumberland House Surgery, Stone

Barry Edwards
Madeley Surgery, Nr. Crewe

Alison Foster
Moorland Medical Centre, Leek

Kishor Gohil
Goldenhill Medical Centre, Stoke-on-Trent
Amrik Jheeta  
Trent Vale Medical Practice, Stoke-on-Trent

Margaret Jones  
Penkridge Medical Practice, Staffs

Chandra Kanneganti  
Goldenhill Medical Centre, Stoke-on-Trent

Paul Middleton  
Caxton Surgery, Oswestry

Oluseyi Ogunmekan  
Furlong Medical Centre, Tunstall, Stoke-on-Trent

Prasad Rao  
Belgrave Medical Centre, Dresden, Stoke-on-Trent

Ashik Salim  
Drayton Road Medical Practice, Longton, Stoke-on-Trent

Nicholas Tindall  
Wellington Road Surgery, Newport, Shropshire

Sharon Turner  
Audley Health Centre, Stoke-on-Trent

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Administrative and Clerical

Sarah Philpott  
Placements Co-ordinator

Margaret Bourke  
Placements Administrator

Ann Clowes  
Placements Administrator (part time)

Julie Wilde  
Placements Administrator (part time)

Suzanne Cartwright  
Academic General Practice Administrator

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Leavers

Chantelle Todd (Lecturer in Academic General Practice) and Jane Gray (Clinical Tutor in Academic General Practice) left this year. Chantelle left to take up a partnership in one of our teaching practices and Jane left because of increasing clinical demands in her practice (also one of our teaching practices). While we were sorry to lose them as close colleagues in the School of Medicine, we look forward to a new relationship with them as practice teachers and wish them success in their practice roles.
Change in roles for Dr Janet Lefroy and Dr Peter Coventry

Two members of the Academic GP team have moved into new roles. Dr Janet Lefroy is the longest serving member of the team, and was instrumental in establishing the community placement programme in the original Manchester and Validated courses and has played major roles in the development and implementation of the new curriculum. In recent years Janet has developed an interest in the teaching and learning of skills, and is now going to be focussing more on this area of her work. As a result, her base will now be in the Clinical Education Centre at the UHNS Hospital campus rather than at the Keele campus.

Dr Peter Coventry is now overall Curriculum Development Lead, responsible for the development of the new Keele course. His Shropshire role has been taken over by Dr Maggie Bartlett, but he continues to work closely with the AGP team.

Peter Coventry

Undergraduate Teaching: Overview

The academic year marked a milestone in the implementation of our new undergraduate programme: the first major general practice placements in the Consolidation of Clinical Skills block led by Rob Jones, Simon Gay and Maggie Bartlett were also in the unusual situation of being able to pilot both the instructional content and the general practice teaching elements of our new Higher Consultation Skills stream, our contribution to the year four clinical teaching. This year also saw the implantation of our new Third Sector placement programme (see lead story) which was ably supported by Helen Derbyshire. Planning for our innovative final year programme in which students will spend 15 weeks in a general practice assistantship continued led by Sheena Gibson. Our students will spend a minimum of 110 days in full time general practice placements in years 3 to 5 with the core element of developing and honing their consultation skills. Ours will be one of the more general practices intensive curricula in the UK which places a great responsibility on our service colleagues without whom it would not be possible. We are therefore investing heavily in our teaching network through active practice recruitment including enabling our distant rural practices to teach, to develop our teachers’ skills and financial investment in practice premises.

We have strengthened our placements team in the School with the appointment of Sarah Philpott as the Placements Co-ordinator and Margaret Bourke, Ann Clowes and Julie Wylde as Placements Administrators while Sue Cartwright has moved from being Place-ments Administrator to being the Academic General Practice team Administrator.

RK McKinley

Year 3: Consolidation of Clinical Skills (CCS) Block

The Consolidation of Clinical Skills block is a four week placement at the end of year 3 in which students are given the opportunity to consolidate their clinical skills in a general practice placement. There are two key elements to the block, clinical exposure and individual feedback. Our aim is that every student is involved in 40 consultations a week and leads 15 consultations a week. Preliminary analysis of student feedback has shown that our practices and students are almost achieving this aim: students are, on average, involved in 39 consultations a week and leading on almost 50 in the four week block. Comments from students have been uniformly positive of the benefits of this extensive and intensive clinical exposure. GP tutors also facilitate ‘cluster’ sessions where students peer review video recordings of their consultations.

Lack of feedback has been a criticism levelled at many (if not all medical schools) and we have worked to rectify this. GP tutors are encouraged to provide opportunistic feedback at any time in addition to three formal formative assessments. These are undertaken in a real surgery with the GP tutor observing the students consult with three or four patients. Written feedback prepared and submitted online to the School of Medicine and a summary report (an educational prescription) is emailed to both tutor and student within two working days. These tools (the software and assessment and feedback tools) were developed in house, have proved very functional (93% of the expected summaries completed successfully) and has allowed contemporaneous monitor-ing of student performance.

Student and tutor feedback has been positive: students have developed a strong sense of ‘belonging’ and of ‘being useful’ and active participants in the provision of medical care and not just observers. GP tutors have valued their educational relationships with the student
and encouraged their professional and personal growth. We will con-
tinue to develop the placement focusing on the provision of feedback
and video feedback and developing the cluster sessions.

Rob Jones

Year 4: Higher Consultation Skills

Keele has adopted an innovative structure for its new Module (year)
4. Part of this Module consists of a Higher Consultation Skills (HCS)
course which focuses on clinical reasoning, error and bias, information
management, management efficiency and patient adherence. The
course includes presentations, quizzes, problem solving exercises,
videos, pictures, clinical placements, case discussion, simulated
patient work, patient (and clinician) narrative.

We had the opportunity to pilot the HCS course in Shropshire in 2009.
Twenty two students were able to participate, with a further 22 forming
a control group for some aspects of the study. The students were very
complimentary about the course overall, whilst providing valuable and
constructive specific feedback on many aspects through question-
naires and an end of block focus group.

As a direct result of this feedback many aspects of the teaching were
reviewed, revised and rewritten in preparation for the launch of the
2010-11 academic year.

At the time of writing, the course is going well and the feedback sug-
gests that tutors and students are enjoying it very much.

Maggie Bartlett and Simon Gay

Year 5: the GP Assistantship

Building “Tomorrow’s Doctors 2009” into Module (year) 5.
Students who started the Keele Curriculum in September 2007 will
be starting their final year (Module 5) in 2011 and will graduate in July
2012. The Module 5 leads are Paul Wilson (Consultant ENT Surgeon),
Mike Mahon (a bio-scientist) and myself and the triumvirate of a
primary care, a secondary care clinician and a scientist (non-clinician)
resonates strongly with the overarching principles of the GMC’s
Tomorrow’s Doctors 2009: the doctor as a scholar and a scientist, a
practitioner and a professional. These are key issues in a year where
consolidation of skills and transition between being a student to being
a doctor are vital to graduating “excellent clinicians”.

What will be the contribution of general practice? Students will
spend 15 weeks in general practice and, during that time, will accrue
considerable clinical experience by consulting with an estimated
375 patients. They will work as part of multi-disciplinary teams and
have the opportunity to teach and carry out peer review in clustered
learning sets. They will also carry out, in clusters, a community based
project with 3rd sector organisations. We aim that these projects will
enable students to ‘give something back’ to the communities in which
they learnt while developing team leadership skills. This will ensure
that clinical experience, team working skills and the ability to reflect
on their own and peers’ performance, are the building blocks in their
development process.

How will we know when we have got there? Tomorrow’s Doctors
(2009) clearly states the standards for teaching, learning and as-
essment required by all undergraduate medical schools but the
assessment of professionalism is notoriously difficult. One of the ways
however to provide evidence that we are achieving our stated out-
comes of “graduating excellent clinicians” will be to examine medical
school quality data – including data from staff, other education provid-
ers and students, and data concerning the progression of graduates,
for example from Foundation Schools etc. As it has just dawned on
me that the majority of next year’s intake to medical schools will have
been born after I graduated, I feel I have a vested interest in making
sure we succeed!

Sheena Gibson
The premises development programme is developing apace. By the end of 2008, nine projects had been completed. A further six were completed in 2009-10 and five are under construction and a further three in planning. This step change in the rate premises development is testament to the strong relationships David Bostock, our premises development project manager, has been able to foster between the practices, PCTs and the SHA.

**Completed Projects:**

Furlong Medical Practice
Furlong Road
Tunstall
Stoke-on-Trent

Harley Street Medical Centre
Harley Street
Hanley
Stoke-on-Trent

Loomer Road Surgery
Loomer Road
Chesterton
Newcastle
Staffordshire

Moorcroft Medical Centre
Botteslow Street
Hanley
Stoke-on-Trent

Moorland Medical Practice
Dyson House
Regent Street
Leek
Staffordshire

Moss Lane Surgery
Madeley Practice
Madeley
Crewe
Cheshire

Stirchley Medical Practice
Stirchley Health Centre
Sandino Road
Stirchley
Telford

Limes Walk Surgery
27 Limes Walk
Oakengates
Telford

Higherland Surgery
3 Orme Road
Newcastle
Staffordshire

**Projects completed in 2009-10:**

Belgrave Medical Centre
116 Belgrave Road
Dresden
Stoke-on-Trent

Crown Surgery
High Street
Eccleshall
Staffordshire
John Kelso Practice
Park Medical Centre
Ball Haye Road
Leek
Staffordshire

Much Wenlock & Cressage Medical Practice
Kingsway Lodge
King Street
Much Wenlock
Shropshire

Radbrook Green Surgery
Bank Farm Road
Shrewsbury
Shropshire

Trinity Medical Centre
Uttoxeter Road
Blythe Bridge
Stoke-on-Trent

Projects under construction:

Ashley Surgery
Ashley
Market Drayton
Shropshire

Heath Hayes Health Centre
Gorsemoor Road
Heath Hayes
Cannock

Gholderhill Medical Centre
High Street
Goldenhill
Stoke-on-Trent

Linden Hall Surgery
Station Road
Newport
Shropshire

Wellington Road Surgery
Wellington Road
Newport
Shropshire
Projects in development on 31 July 2010:

The Surgery
11 Brinsley Avenue
Trentham
Stoke-on-Trent

Station Drive Surgery
Station Drive
Ludlow
Shropshire

Mount Pleasant Medical Practice
Mount Pleasant
Ditherington Road
Shrewsbury

Releasing the educational potential in rural general practice

The South Shropshire Rural Campus

Despite the changes that have occurred in medical education in recent years, the majority of a medical student’s time is still spent in hospital settings. However, the majority of healthcare occurs in the community, where patients live their lives and experience their illnesses. We need to ensure that our future doctors have an understanding of how the context of patients’ lives impacts on their health and wellbeing.

The United Kingdom is generally considered to be densely populated and urban yet over 20% of its population live in rural and remote communities where there are specific challenges to health and healthcare provision. Keele Medical School draws on a large and diverse area for its community-based teaching which includes rural South Shropshire and Staffordshire as well as urban areas such as Stoke, Newcastle, Shrewsbury and Telford. The wide range of settings for learning is a valuable resource which enriches students’ experiences.

The Institute of Rural Health (IRH) aims to address the health needs of rural communities through education and training, research, and involvement in policy development. Supported by Keele, IRH undertook a project to identify the opportunities and constraints associated with using rural South Shropshire as a learning environment. The “Rural Campus” project was finished in 2009 and identified major opportunities and benefits for students working out of accommodation nodes based in market towns.

Prolonged rural placements are not new and have been successful and beneficial in many countries, including Australia and Canada. The performance of students who spent up to a year in rural and remote areas was as good as those in more traditional placements. It has also been demonstrated that students benefited from the closeness of their involvement with the small communities in which they lived and worked.

A South Shropshire Rural Campus could be a unique opportunity for students to engage with very rural communities, and to make a contribution to those communities through their involvement in local projects and initiatives. The School is currently considering the possibility of suitable accommodation for students in Ludlow, which would make placements in several nearby general practices possible for students in Modules (years) three and five. These practices, and the four community hospitals staffed by the GP tutors, would be a welcome addition to the School’s spectrum of community placements.

Since last year, we have been actively talking to practices in and around Ludlow about teaching students from Modules three and five. Practices are enthusiastic about teaching as well as developing a teaching support network in Ludlow. We are working towards enabling this group of practices to teach by establishing an accommodation hub in Ludlow which will form the core of the first rural campus in England.

Maggie Bartlett and John Wynn-Jones

Tomorrow’s Teachers: developing general practice educators

This year saw the first steps in our plans to provide an academic career development pathway in education with the appointment of Milan Mehta and Jane Gray as General Practice Clinical Teaching Fellow and General Practice Clinical Tutor respectively. The General Practice Clinical Teaching Fellow post represents the first stage of a plan for overlapping 2 year 0.5fte appointments of doctors who have just completed their vocational training. A second clinical teaching fellow post will be advertised in 2010. The General Practice Clinical Tutor post is similar but is directed towards established GPs.

These posts are developmental. We aim to support appointees to develop their skills as primary care educators in the broadest sense and to prepare them for the next stage in their careers. They will be
supported to complete their Masters in Medical Education, and their skills in teaching, educational management and placement liaison and support. We hold an open view of what the next step in their careers may be: they may return to practice as teaching leads, work as teaching leads in community trusts, work in undergraduate education or post graduate training. If they wish, we will support development of their applications for doctoral training fellowships and a career in academic general practice.

We plan to (funding permitting) roll over these posts and to continue to offer these development opportunities.

Life as a Clinical Teaching Fellow in Academic Primary Care

I am honoured to be the first teaching fellow in academic primary care to start working at Keele University. This two year post started in August 2009 and runs alongside my part-time job as a salaried GP in Stoke-on-Trent.

On my first day at work, I was quite nervous about what would be expected from me since no-one had done this job before. However, I very quickly realised I was working with a team of people who are extremely friendly, supportive and dedicated to teaching. I knew I would have a lot to learn from them.

Within the first few days, my diary rapidly became filled with teaching commitments for the next few months. The task of becoming so organised was initially challenging and has served me well in all aspects of life since.

A typical day for me may involve teaching medical students how to take histories, conduct physical examinations and perform procedural skills. However, the breadth of my work also includes being a PBL tutor, undertaking educational research and being an interviewer for undergraduate admissions. I am also gradually helping to recruit and review teaching practices for the Medical School.

I thoroughly enjoy the variety of work that I do in this post and also how it provides a pleasant contrast to my clinical work. Teaching medical students keeps me on my toes and it is extremely rewarding to be able to help shape the future doctors of tomorrow.

I would definitely recommend this type of post for those who are about to finish their GP training or for anyone who has an interest in teaching.

Milan Mehta

SAPC Northern Regional Conference – Keele Shines Again

Despite the torrential weather, over 55 delegates attended The Society for Academic Primary Care (SAPC) Northern Regional Conference on 26th & 27th November 2009. Keele University jointly hosted the conference with the University of Liverpool. The conference was held in the tranquil Lake District setting of Castle Green Hotel, Kendal.

Professor Neil Jackson opened the conference with a review of “Practices as Teaching Organisations”. The remaining days were filled with a number of wonderful poster presentations, workshops and oral presentations. Keele was represented at the Conference by speakers Dr Peter Coventry, Mrs Helen Derbyshire and Dr Mark Porcheret.

A wide range of topics were explored including, but not exclusively, Prescribing Safety, Criminal Records Bureau Paranoia, Professionalism, Doctors’ Prestige, The Management and Administration of Placements, Sickness Certification and Curriculum Design in the light of Tomorrow’s Doctors 2009.

Research Assistant, Gemma Mansall from Keele University was presented the prestigious highest rated abstract award for her work with co-researchers on “Symptoms signs and test results in unselected primary care populations with a positive predictive value of 5% or more for Cancer: A systematic review”.

Once again the conference was a packed programme of education and research across a broad spectrum and was a welcoming environment for career young delegates. This year saw the largest registration of delegates for some years. The next SAPC conference will be hosted by Manchester University on 25th & 26th November 2010 in Kendal.

Helen Derbyshire
Keele GP Society

We are pleased to announce that Keele is starting a new GP Society, with events planned for the forthcoming academic year and an opportunity for you to join us at our inaugural meeting on October 21st. At the moment we have a small but compact committee of Chairman Nadia Kauser (module 4); Vice-Chairman Sinead Hanley (module 3), Treasurer Lucy Venyo (module 3), Secretary Ishfark Ahmed (module 4) and we are very pleased that Professor Val Wass has agreed to be our President. The Academic GP Department has also been supportive and Dr Milan Mehta and Dr Sheena Gibson have been helping us to find our feet! The trigger to starting the Society was Keele Medical School being contacted by Aberdeen’s GP Society to ask if any students were attending the Glasgow 2009 Royal College of General Practitioners’ Conference and the idea to start our own GP Society was initiated. Thanks to some funding being found, (thank you Margaret Hollins), three of us, Sinead Hanley, (myself) Lucy Venyo and Ishfark Ahmed attended the RCGP Conference to attend the Student forum. We were able to meet with members of GP societies from other universities and doctors in their foundation year. This enabled us to think about which are the best aspects of other universities' societies which we could incorporate into our own GP Society. We also discussed as a group the possibility of keeping in contact nationally as a national Student GP Society. The student forum is going to carry on as an annual aspect of the RCGP conference and hopefully members of Keele GP Society will be able to keep attending over the years.

Some current aims of the society are to:

- Allow students to get extra experience in a GP setting
- Have a forum to get to know local GPs they will be working with during their undergraduate training and perhaps during their working careers
- Give students a realistic view of the roles of a GP
- Letting students know how to become a GP
- Responding to requests for topics from members

We are all looking forward to the launch of the Society in October and attending the next RCGP conference in Harrogate, in November to represent Keele Medical School. For our next event we are lucky enough to have Professor David Haslam (President of RCGP) coming to speak to us. It will be a wonderful event and hope to have the attendance of a mixture of students and GPs. If you would like to get involved at the committee level please let me know at u7x76@students.keele.ac.uk.

Lucy Venyo
Third Year medical student and Treasurer
Postgraduate Medical Education

Staff

Director
Kay Mohanna
Director of Postgraduate Medicine and Senior Lecturer in Medical Education.

Senior Lecturer
Alwyn Ralphs
Director, MMedSci

New appointments
Dr Charlotte Hart, a GP in Shropshire and previously a senior Training Programme Director has been appointed as Director of the MMedEd and will take up her post in August 2010.

Postgraduate Medicine involvement in Primary Care

This part of the annual report reports on those areas where the Directorate of Postgraduate Medicine and Primary Care overlap.

Taught Masters

The MMedSci has continued to be successful this year, with several modules developed and delivered in Primary Care and most students being drawn from primary care. At the 2009 award board:

• 29 students successfully completed 60 credits (PGCertMedSci)
• 9 students successfully completed 120 credits (PGDipMedSci)
• 2 students had successfully completed the full masters

Three students are currently working on their MMedSci dissertation in Primary Care.

MMedSci Prize winners in 2009 were:

• Dr Katharine Westoby won the inaugural Mike Fisher award for the best student completing a full MMedSci
• Dr Arbab Nazir won the highest scoring module assignment prize for his assignment in Statistics and Epidemiology, lead by Kelvin Jordan from Primary Care

Research Symposium

It was the turn of Keele this year to host the annual RCGP Midland Faculty Research Symposium in June 2010 (organised by Christian Mallen). A very successful event showcased research from primary care at Keele and from around the region. The key note speech was given by Professor Tricia Greenhalgh. The poster prize winner was Toby Helliwell for his poster on polymyalgia rheumatica and the David Morgan prize for best paper was won by Kay Mohanna for her presentation on social cultural theory and the clinical skills assessment for general practice, part of her doctoral work.

Leadership in Primary Care

In open competition with all HEIs in the region, Keele was selected to be the academic partner for the RCGP Midland Faculty Leadership programme. This programme aims to develop the leadership potential in primary care to train up a cohort of primary care professionals ready to inspire and lead change. Through a series of workplace based service improvement plans aimed at directly improving patient care, participants will work towards an MMedSci (Leadership and Management for Healthcare professionals).
Training GP Trainers

This year West Midlands Deanery trainers’ courses were again aligned with the PGCert in medical education and a total of 72 places on the PGCert were commissioned by the Deanery. So far 40 of those participants have successfully finished the award, with 24 having started in July.

Kay Mohanna

Vocational General Practice Training

Area Director
Amjad Khan
Area Director GP Education Staffordshire and Shropshire

Administrative and Clerical
Karen Delay
VTS Administrator

Lin Clark
Secretary to Drs MJY Fisher and A Khan

Leavers
Mike JY Fisher
Associate Dean West Midlands Deanery

This year we celebrated the contribution of Mike Fisher to general practice education. Mike took over from Alistair Ross as Area Director for Staffordshire and Shropshire in 1979. For nearly 30 years, until his retirement this year, Mike was an enormous influence in the development of general practice and general practitioners in Staffordshire and Shropshire. Academic careers have been launched through the Keele MMedSci all of whom were sponsored by the West Midlands Deanery by Mike through Vocational Training Scheme extensions. At a celebration event on 30th July 2009 the first Mike Fisher Award for the best student completing the MMedSci was awarded (see below). The following is an extract from a Festchrift put together for the occasion.

“In the mid 1990s Mike was instrumental in finding the initial investment in the North Staffordshire General Practice Network which has underpinned the whole endeavour of general practice-related research at Keele since – epidemiology, trials and clinical studies. Mike tapped two sources of funding; the then District Health Authority Chief Executive, Richard Priestley and the group of fund-holding practices in North Staffordshire. Mike’s practice, the Wolstanton practice, invested in the first research fellow, Rob McCarney.

“A second achievement was to link the Vocational Training Scheme to a Masters programme. The presence of the Masters framework was probably the biggest single influence on Keele being awarded GP Academic Clinical Fellowships (‘Walport Fellows’) in the first national competitive round. Mike sorted out the funding of extended VTS fellowships which provided the crucial template for the national Walport fellowship scheme and has provided Primary Care Sciences with a steady flow of high quality VTS research fellows since, a number of them going on to gain national PhD awards.”

Mike continued as Provost of the RCGP Midland Faculty until May 2010, when full retirement to Florida beckoned!

Vocational General Practice

Many of our training practices are also teaching practices for Keele Medical School. This raises further opportunities for us to work together especially for visiting the various practices for teaching and training approval. Information and visits could be shared to improve quality and reduce duplication of work. Medical student attachments to practices who previously did not or could not train has helped to introduce many new professionals to medical education. Informal feedback from my own visits to practices has been very positive about the value clinicians have placed on teaching. I am certain this will also play a part in the recruitment of new GPs into the area both from outside and from graduates of Keele Medical School. It will in addition aid with retention of existing staff. In fact teaching and training in most practices is truly a multi-disciplinary affair.

One of the big successes in North Staffordshire has been the MMed-Sci for GP trainees on the local vocational training scheme. The West Midlands Deanery has committed substantial funds in allowing up to 24 trainees to attend the modules of the MMedSci. These modules are closely aligned to the MRCGP curriculum, so that the benefits of attendance and engagement are seen very quickly by the trainees in
their day to day practice. Because of its success, we have decided to offer this by competitive application to all trainees in Staffordshire and Shropshire.

The other great opportunity which could change the face of primary care is extension of GP training to five years. The current Chair of the RCGP is working very hard to convince the powers that be of the necessity of five year training. Medical care is increasing in complexity on a daily basis. More and more care that was traditionally secondary care based is now in primary care. GP training needs to reflect this and we hope that in the not so distant future, the five years will be a reality. This will allow us also to bring some radical and innovative changes to the way training is given to our future GPs.

Primary Care is constantly evolving and changing to the needs of the communities we serve. This is what makes it so exciting and challenging and this is what we need to sell to our students and trainees. We need to tell them that the future is full of opportunities and a career in General Practice has the potential to fulfil much of what they aspire to both in their personal and professional lives.

Amjad Khan
Pharmacy - Undergraduate Teaching

Staff

Senior Lecturers

Katie Maddock
Senior Lecturer in Clinical Pharmacy

Keele MPharm Undergraduate Placements

The Keele MPharm programme was established in 2006. In June 2010 the School of Pharmacy graduated its first cohort of students and also gained full accreditation with the Royal Pharmaceutical Society of Great Britain. The MPharm is a four year degree programme and at Keele our emphasis is very much that patients are at the centre of all our activities.

From its inception placement activity has been an integral component of the MPharm at Keele. Placement activity is co-ordinated by a team consisting of support staff and members of the Pharmacy Practice teaching team. Placement activity is co-ordinated by Dr Katie Maddock. The majority of placements take place within the secondary care sector; these placements are led by the team of Academic Clinical Educators who are based within the School of Pharmacy and liaise directly with the NHS Trusts that support our activities.

During their first year, students are given an orientation experience at one of these NHS Trusts. During their second year, students are taken to the licensed manufacturing unit at Burton Hospitals NHS Trust to contextualise their learning within the sphere of clinical pharmaceutics. Third and final year MPharm students undertake a series of three hour teaching sessions within the base hospitals with each visit being led by an Academic Clinical Educator.

Community Pharmacy

Students are allocated placements within local community pharmacies during their first, second and third years. The numbers of placements are outlined below. These are designed to be three hour orientation placements of no more than one or two students to allow them the opportunity to experience the practice of pharmacy in the workplace environment and to contextualise their learning in a patient-centred setting. The placements are supervised by the pharmacy staff.

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>First year (1 x 3 hour placement)</td>
<td>96</td>
<td>9</td>
</tr>
<tr>
<td>Second year (1 x 3 hour placement)</td>
<td>84</td>
<td>90</td>
</tr>
<tr>
<td>Third year (2 x 3 hour placement)</td>
<td>140</td>
<td>168</td>
</tr>
</tbody>
</table>
Logistically, it has been difficult to allocate placements within the constraints of the timetable, particularly with increasing student numbers – our first cohort numbered 45 but our steady state number of 1st year students is 96. As Pharmacy does not receive any additional funding for clinical placements, these community pharmacy visits operate solely on the goodwill of the placement providers. The undergraduate course has developed close links with the Co-Operative Group and Lloyds pharmacy over the four years since it was established along with several local independent pharmacies. As the community pharmacy placements rely on the goodwill of the placement providers we were reluctant to overburden those pharmacies that have agreed to take our students. Therefore, we have revisited the format of first year placements for the academic year 2010-11. The plan is for 1st year students to visit a large community pharmacy in groups of 12 accompanied by a member of the Pharmacy Practice teaching team and rotate around a series of tasks within the store. This will allow us to place more students more quickly and ensure that the placement providers do not have the responsibility of supervising the students. This should then free up more placement slots for our 2nd and 3rd year students with the providers.

During the final (4th year) of the MPharm the need for such contextualising visits to community pharmacies is largely gone as the majority of students will have undertaken summer vacation placements within the community pharmacy sector during their first three years of study.

In the final year of the MPharm programme the students undertake some basic training in the theory and practice of independent prescribing. The School of Pharmacy has four qualified pharmacist independent prescribers amongst the teaching staff who provide the necessary in-house expertise. Due to the lack of funding for clinical placements it has not been possible to arrange experience within a community (GP) setting for our final year students; it is hoped that this is an area that can be addressed during the coming academic year (2010-11).

Katie Maddock
POSTGRADUATE

STAFF

Professorial

Alison Blenkinsopp, OBE
Professor of Pharmacy Practice

Senior Lecturers

Patricia Black
Director of Postgraduate Studies/Pg Courses Development Manager

Caron Applebee
Programme Manager, Community Pharmacy

Jacqueline Kinsey
Programme Manager, Prescribing Studies

Daxa Knowles
Programme Manager, Clinical Pharmacy

Elizabeth Mills
Programme Manager, Advanced Professional Practice and Course Manager for the Professional MSc Course

Linda Foster
Programme Co-ordinator, Prescribing Studies and Pre-Registration Training

Beverley Oakden
Programme Co-ordinator, Clinical Pharmacy, Community Pharmacy, Advanced Professional Practice

Postgraduate Tutors

James Bashford
Lecturer Primary Care Research

John Blenkinsopp
Senior Research Fellow

Anke Mans
Director of Medicines Evaluation Unit (MEU)

Background

The School of Pharmacy’s postgraduate section, situated within the Department of Medicines Management, was established in 1994 with a unique mission to provide relevant postgraduate education for pharmacists and other health professionals whose role is central to the prescribing and use of medicines.

We provide a portfolio of postgraduate Masters programmes/courses for health professionals, principally pharmacists working in the key areas of the profession – community practice, primary care, and hospital practice – and medical and non-medical prescribers. Our learners are practising health professionals throughout the UK who work full or part-time. Many are sponsored by the NHS and other employing organisations.
Four principal programmes are provided leading to Certificate, Diploma and Masters award qualifications. In the region of 200 short, non-award bearing courses (free-standing modules) which carry academic credits towards award programmes are also provided using our CPD Plus+ and CPD Plus+ Open Learn suite of courses. We were the first University in the UK to have accredited supplementary (2003) and independent prescribing (2006) courses for pharmacists in primary and secondary care. We were also among the first universities in the UK to launch a programme for Advanced Professional Practice (2006-7).

Our distance learning system of delivery, open and flexible course design, and emphasis on work-based learning using structured reflective portfolios are unique. We were innovators in the development and delivery of courses using online, computer-mediated communication. Our complete and innovative system of delivery has proved successful in providing high quality postgraduate education/professional development programmes for health professionals that have national subscription and that are consistently acclaimed by students, their sponsors and employers, and internal and external assessors of quality assurance.

Programmes and Courses for Health Professionals in Primary Care

Prescribing Studies

This programme has been provided at Keele since 1996. It is designed for medical and non-medical prescribers, particularly those working in primary care, and pharmacist prescribing advisers. 2009 saw the first nurse independent prescriber register for the full two year postgraduate Diploma course.

The awards available are:

• Cert/Dipl/MSc in Prescribing Studies
• Cert/Dipl/MSc in Prescribing Studies (Open Learn)
• Cert/Dipl/MSc in Prescribing Studies (Independent Prescribing): this route includes the Independent Prescribing Preparatory Course for pharmacists who wish to practice as non-medical prescribers.

In 2009/10, the Independent Prescribing Preparatory Course for Pharmacists was successful in increasing student numbers despite a difficult financial climate in the NHS. Completion rates also remained high. Many of our students have successfully used this qualification not only to enhance their own professional careers but also to meet NHS targets with regards to easier access to medicines by patients and by utilizing their skills as prescribing pharmacists to release time for medical practitioners to work on more complicated cases. Student evaluation continued to be very positive, as demonstrated by the following examples:

“The most important thing I have learnt from the course is that prescribing is about more than just putting pen to paper to write a prescription! Where the Independent Prescribing Course comes into play is really in making you think where your roles and responsibilities lie as a prescriber. It has made me change my mind set about prescribing. I can now see that I don’t just take responsibility for the safe prescribing of a drug but also for the overall management of the patient I prescribe for. It is me who will need to ensure safe monitoring and follow up of the patient or referral as necessary and so I can now see that the whole process of prescribing is much more involved than I did six months ago”.

“The transition from feeling overwhelmed to developing confidence has taken a while but I feel I am really starting to form links between the work I have been studying. The course is intense but I feel much more confident about my competence and ability to be a qualified prescriber and it is refreshing to learn and practice new skills.”

The External Examiner’s report was also very positive about the Prescribing Studies programme:

“I was able to review work from students on all pathways into the prescribing studies qualification. The work was generally of high standard, with some exceptional pieces of work achieving distinction level and this was recognized by the university appropriately. I am able to confirm that the standard set for student effort matches my experience of similar courses in other establishments.

The assessment process is rigorous throughout the course…the OSCE[s] assesses the student’s ability to be a safe and effective prescriber. The standard of teaching and assessment is high and feedback from students is good… I am particularly impressed by how caring the course team are towards students and by the thoughtful way in which student effort is approached”.

Website: http://www.keele.ac.uk/pharmacy/education/ps/
CPD Plus® Courses

A portfolio of free-standing courses, bearing Masters credits towards each of our postgraduate programmes, including Prescribing Studies, is available under our CPD Plus® branding. These include our Advanced Practice Development (APD) course that can be used to develop the portfolio necessary for accreditation as a Practitioner with a Special Interest (PwSI).

In 2009/10, there was an increase in the number of medical practitioners who registered on a CPD Plus® short course in Prescribing Studies. These courses are potentially of value in the new reaccreditation process for GPs, as are the CPD Plus® Open Learn courses detailed below.

We also began formal collaborative working with the postgraduate department of the School of Medicine to deliver a 15 credit CPD Plus® course as a module for the MMedSci programme: Rational Prescribing Theory and Practice. 14 medical practitioners were registered on this course in the first 2009 cohort.

Website: [http://www.keele.ac.uk/pharmacy/education/phwsi/advanced%20professional%20practice%20(pharmacy)/cpd%20plus%20courses%20for%20advanced%20practice/](http://www.keele.ac.uk/pharmacy/education/phwsi/advanced%20professional%20practice%20(pharmacy)/cpd%20plus%20courses%20for%20advanced%20practice/)

CPD Plus® Open Learn Courses

Most of the CPD Plus® courses can also be studied as Open Learn options. These allow a student to study an area in more depth than possible within a lower credit course. For example a GP could apply to study the ‘Managing Diabetes’ course, normally available as a five credit course within the Prescribing Studies CPD Plus® portfolio, at 15 credits rather than five. The course is referred to as an ‘Open Learn’ course. Availability is subject to the programme manager’s approval at any time.

Our CPD Plus® and CPD Plus® Open Learn courses provide in the region of 200 options to meet the CPD needs of pharmacists, and medical and non-medical prescribers. Most courses can be started at any time (subject to currency of the learning materials).

Advanced Professional Practice

The postgraduate Advanced Professional Practice (APP) programme was launched in 2006 and is designed to allow pharmacists and other health professionals, particularly medical and non-medical prescribers working in primary care, choice and flexibility in their progression to Certificate, Diploma and Masters awards to meet their specific professional development needs and advance their professional practice. Pharmacists, medical and non-medical prescribers can combine CPD Plus® courses from the Prescribing Studies programme, and also modules provided by other Schools within the Faculty of Health, and other Faculties within the University, subject to meeting the specific entry criteria required for individual modules. The Advanced Practice Development (APD) course, that can be completed to help achieve accreditation as a Practitioner with a Special Interest (PwSI), can be incorporated as part of the APP award.

The flexible nature of the APP programme allows candidates to take up to five years to achieve an academic award. The first awards were made in 2009 to pharmacists.

A new pathway that is linked to the Advanced and Consultant Level Framework (ACLF) will be available to pharmacists from September 2010.

Website: [http://www.keele.ac.uk/pharmacy/education/phwsi/](http://www.keele.ac.uk/pharmacy/education/phwsi/)

Community Pharmacy

This programme has been provided at Keele since 1994. It is designed for pharmacists working in community pharmacy and primary care.

The awards available are:

- Cert in Public Health Community Pharmacy
- Dip/MSc Community Pharmacy
- Cert/Dip/MSc in Community Pharmacy (Open Learn)
- Dip/MSc in Community Pharmacy (Independent Prescribing)
The ‘Working with Prescribers in Primary Care’ CPD Plus short course remained popular in 2009/10 for those pharmacists who had, or were seeking to secure, a role within a GP practice. The aim of this short course is to develop the learner’s knowledge and skills in relation to prescribing in primary care and services that pharmacists can offer to optimise prescribing practice.

The programme continued to receive very positive feedback from the External Examiner: Particular points of commendation were:

“...the emphasis in the assignments on linking coursework with actual local practice”.

“...there is considerable support in preparing students for engaging in reflective practice and...a very strong team of course tutors”.

Website: [http://www.keele.ac.uk/pharmacy/education/cp/](http://www.keele.ac.uk/pharmacy/education/cp/)
Section 2
Research
Overview

Key themes in research in medicines management and pharmacy practice at Keele are education and evaluation. This section brings together highlights from 2009-2010.

Education

Quality management of pharmacy pre-registration pharmacy training

As part of its review of quality management of pre-registration training, the Royal Pharmaceutical Society of Great Britain commissioned Keele to conduct a pilot national survey of pre-registration trainees and tutors. Working with stakeholders in England, Wales and Scotland we designed, field tested and ran a web-based survey of over 1600 trainees and tutors. A multi-stakeholder workshop considered the results and helped us to formulate recommendations. The Royal Pharmaceutical Society transferred its regulatory role to the General Pharmaceutical Council to which we submitted the project report.

We were invited by the Department of Health to present our conclusions to the Modernising Pharmacy Careers (MPC) group which was formulating plans for an integrated five year programme of undergraduate and pre-registration pharmacy education and training. We facilitated an interactive workshop for MPC members in which they conducted an option appraisal for future programme design.
**Development of training and accreditation for Practitioners with Special Interests (PwSI)**

We completed a West Midlands wide study of PwSI commissioning and accreditation systems in 2009. Shropshire County PCT subsequently commissioned an education developmental project based on this work. This has produced an Advanced Practice Development course for PwSIs and, with further funding from the PCT. An initial cohort of GPs will commence the course in autumn 2011 as part of their accreditation/re-accreditation requirements as PwSIs.

**Evaluation**

**Evaluation of nurse and pharmacist independent prescribing (ENPIP)**

This multi-method study evaluated quality, safety, costs and acceptability to patients of independent prescribing by nurses and pharmacists was funded by the Department of Health Policy Research Programme. It was conducted in partnership with the University of Southampton. We led on a survey of patient feedback, a clinical case record review, qualitative research with education providers and a multi-stakeholder workshop to support the formulation of recommendations.

**Cardiovascular risk assessment in community pharmacies**

Extended community pharmacist roles and their contribution to patient care is a key research interest. Alison Blenkinsopp is leading a RfPB funded study to evaluate the costs and benefits of NHS Health Checks provided in community pharmacies in partnership with NHS South Birmingham and University of Birmingham. The study tracks a cohort of service users who are assessed as being at medium or high risk of cardiovascular disease. Over three quarters of the pharmacies providing the pharmacy NHS Health Check service agreed to take part, were trained and started to recruit service users to the study in June 2010.

**Ascertaining barriers to compliance (ABC)**

Keele is a partner in this large European FP7 funded study which aims to develop policy recommendations for promoting patient adherence with medicines in European healthcare. During the year Keele made a successful bid to undertake additional work for the project and now has a major role in three of the seven work packages. Work started on a Delphi study of the causes, consequences and solutions to non adherence and on two surveys of patient and healthcare professional behaviour in relation to medicines adherence across 16 European countries. The project will culminate in a pan-European conference in Brussels in December 2011 to present policy recommendations to address adherence to medicines.
Primary Care Research - The Research Institute for Primary Care and Health Sciences

Staff

Director
Elaine M Hay
Professor of Community Rheumatology & Director IPCHS

Director of the NHS Primary Care Consortium
Rhian Wyn Hughes
Director, North Staffordshire Primary Care Research Consortium, Deputy Director IPCHS

Professorial Staff
Peter Croft
Professor of Primary Care Epidemiology

Krysia S Dziedzic
Arthritis Research UK Professor of Musculoskeletal Therapies

Nadine E Foster
Professor of Musculoskeletal Health in Primary Care

Peter Jones
Emeritus Professor of Statistics

Chris J. Main
Professor of Clinical Psychology

Bie Nio (Pauline) Ong
Professor of Health Services Research

Julius Sim
Professor of Health Care Research

Danielle van der Windt
Professor in Primary Care Epidemiology

Readers
Roger Beech
Reader in Health Services Research & Director, Keele University Hub, West Midlands Research Design Service

Kelvin Jordan
Reader in Biostatistics

John McBeth
Reader in Epidemiology of Chronic Pain in Older People

Elaine Thomas
Reader in Biostatistics

Senior Lecturers
John Belcher
Senior Lecturer in Biostatistics

Linda Chesterton
Senior Lecturer in Physiotherapy

Kate M Dunn
Senior Lecturer in Epidemiology Wellcome Trust Career Development award holder

Clare Jinks
Senior Lecturer in Health Services Research

Sue Jowett
Senior Lecturer in Health Economics

Umesh T Kadam
Senior Lecturer in General Practice (Epidemiology)/NIHR Post-doctoral Fellow
Martyn Lewis
Senior Lecturer in Biostatistics

Christian Mallen
Senior Lecturer in General Practice /Arthritis Research UK Postdoctoral Primary Care Research Fellow

George M Peat
Senior Lecturer in Clinical Epidemiology

Jane C Richardson
Senior Lecturer in Health Service Research

Tom Sanders
Senior Research Fellow (Qualitative)

Mark Shapley
Senior Research Fellow in General Practice

Research Staff and Students

Majid Artus
Arthritis Research UK Primary Care Research Fellow

Julie Ashworth
Consultant in Anaesthesia and Pain Medicine

John Bedson
NIHR Clinical GP Lecturer

Ruth Beardmore
Research Fellow: Programme Manager (Spinal Pain)

Annette Bishop
Post-doctoral Research Physiotherapist

Milisa Blagojevic
Lecturer in Statistics

Paul Campbell
Research Associate: Symptom Epidemiology

Pam Carter
Research Fellow in User Involvement

Nadia Corp
Research Assistant: Systematic Reviews

Jemma Cowen
Research Assistant

Carol Doyle
Clinical Liaison Research Physiotherapist

Rachel C Duncan
Clinical Research Fellow in Rheumatology

John Edwards
NIHR GP InPractice Research Fellow

Phaldie Gool
Vocational Rehabilitation

Daniel Green
NIHR Research Training Fellow

Alison Hall
Consultant Sonographer/Research Fellow

June Handy
Research Associate: Clinical Studies Co-ordinator

Richard Hayward
NIHR GP InPractice Research Fellow

Emma Healey
Research Fellow (Rheumatology)

Samantha Hider
Lecturer in Clinical Rheumatology and Honorary Consultant Rheumatologist

Jonathan Hill
Arthritis Research UK Lecturer – Allied Health Professional

Sue Hill
Research Associate

Melanie Holden
Arthritis Research UK Allied Health Professional Training Fellow
Lucy Huckfield
Research Physiotherapist

Jo Jordan
Research Information Manager

Meenee Khanna
GP Research Fellow

Kika Konstantinou
NIHR Allied Health Professional Lecturer/Spinal Physiotherapy Specialist

Rosie Lacey
Research Associate

Treena Larkin
Physiotherapy Research Facilitator

Gemma Mansell
Research Assistant: Health Service Research

Michelle Marshall
Research Associate: Imaging

Liz Mason
Research Physiotherapist

Andrew Moore
Research Associate (Qualitative)

Andrew Morden
Research Assistant: Health Services Research

Hannah Morphy
GP Research Fellow

Sara Muller
Research Associate: Clinical Epidemiology

Helen Myers
Research Fellow: Clinical Studies Co-ordinator

Barbara Nicholl
Research Associate: Depression Screen Trial

Elaine Nicholls
Research Assistant: Biostatistics

Jon Packham
Consultant Rheumatologist/Honorary Clinical Senior Lecturer

Zoe Paskins
Clinical Lecturer in Rheumatology & Honorary Specialist Registrar

Vicky Peng
Research Associate in Biostatistics

Mark Porcheret
Director of the Keele GP Research Partnership & NIHR GP InPractice Research Fellow

James Prior
Research Assistant: Health Services Research

Trishna Rathod
Research Assistant in Biostatistics (RDS)

Diane Roberts
Research Assistant (Qualitative)

Tope Roberts
NIHR InPractice GP Research Fellow

Ed Roddy
Clinical Lecturer and Honorary Consultant in Rheumatology

Simon Somerville
GP Research Fellow

Gail Sowden
Consultant Physiotherapist

Kevin Vowles
Clinical Psychologist

David Whitehurst
Research Assistant: Health Economics

Ross Wilkie
Research Council UK Academic Fellow

Laurence Wood
Postdoctoral Research Fellow

Gwenllian Wynne-Jones
Research Associate

Julie Young
Research Associate: Clinical Studies

Olalekan Uthman
Research Associate: Systematic Reviewer

Irena Zwierska
Programme Manager: Primary/Secondary Care Interface
Research Nurses

Deborah D'Cruz  
Research Nurse

Kathryn Dwyer  
Research Nurse

Chan Vohora  
Research Nurse

Catherine Warlow  
Research Nurse

Informatics

Natalie Burgess  
Clinical Studies Officer (Health Informatics Support)

Samantha Hunt  
Clinical Studies Officer (Health Informatics Support)

Ian Thomas  
Informatics Systems Developer

Jennifer Titley  
Clinical Studies Officer (Health Informatics Support)

Simon Wathall  
Health Informatics Specialist

Gail White  
PCRN Admin Co-ordinator

Tracy Whitehurst  
Informatics Manager

IT Support

Ashley Ford  
IT/AV Support

Zoe Mayson  
Health Informatics: Applications & IT Support

Management, administration and clerical

Claire Ashmore  
Research Institute Manager

Joanne Bailey  
Operations Manager

Ann-Marie Barker  
Administrative Assistant

Kelly Barnett  
Assistant Administrator

Alicia Bratt  
Assistant Administrator

Claire Calverley  
Research Projects Administrator

Charlotte Clements  
Clinical Research Support Co-ordinator

Debbie Cooke  
Administrator

Jacqueline Gray  
Research Governance and Projects Officer

Hilary Jones  
Research Administrator

Julia Marriott  
Administrative Co-ordinator

Tracy Reynolds  
Finance Administrator

Carol Rhodes  
PPI Co-ordinator

Sue Weir  
Administrator
Honorary Research Staff

Carol Jagger
Visiting Professor in the Epidemiology of Ageing

PhD students

Basem Al-Omari
Domenica Coxon
Liz Dalgarno
Kate Davidson
Bolaji (Emanuel) Egbewale
Yeliz Greenhill
Mehluli Ndlovu
Jennifer Pearson
Magdalena Rzewuska
Mujahed Shraim
Sarah Wadsworth
Kathleen Watts
Jerome Wulff
Sarah Yardley
Natalie Zadurian

NIHR GP Academic Clinical Fellows

Lizzie Cottrell
Rebecca Daniel
Vicky Welsh

West Midlands SHA Training Fellows

Claire Burton
Andrew Finney
Lorna Holdcroft
Katherine Learner
Martin Thomas
Siobhan Stynes

Intercalating MPhil Medical Student

Adam Hancock

Academic Foundation Doctors

Fizzah Ali
Kay Benyon
Overview of 2009-10

The main research focus of the primary care group at Keele continues to be chronic pain and musculoskeletal diseases.

The Arthritis Research Campaign changed its name to Arthritis Research UK in January 2010 and so the Institute now hosts the “Arthritis Research UK National Primary Care Centre”. In July 2010 Peter Croft stepped down as Director of the National Centre and the Research Institute, and Elaine Hay, Professor of Community Rheumatology, was appointed to be Director of the two organisations. This aligns the Research Institute strongly with the musculoskeletal programme as our flagship primary care research theme.

A new Health Services Research initiative in the Faculty of Health will build up other primary care themes in multimorbidity and service evaluation with NHS partners as part of the Health Innovation and Education Cluster awarded to the Staffordshire and Shropshire health economy in 2010.

Two of the ‘headline stories’ at the front of this report have been of huge importance to primary care research at Keele, joining The National Institute for Health Research (NIHR) School of Primary Care Research and the award of The Queen’s Anniversary Prizes for Higher and Further Education 2009.

Professor Elaine Hay appointed as Director of Arthritis Research UK Centre at Keele

As the first, and still the only, Professor of Community Rheumatology in the country, Elaine is very well known to the primary care community. With her clinical appointment based at the Rheumatology Centre at the Haywood Hospital and her academic appointment at Keele, Elaine has worked in North Staffordshire since 1994, establishing an internationally renowned programme of clinical trials, published in the Lancet and BMJ. Elaine’s work underpinned the early development of the Staffordshire and Cheshire GP Research Network, where she worked alongside local GPs and Physiotherapists to ensure that her research questions and trial designs were driven and informed by questions arising from the challenges faced by multi-disciplinary groups working in every-day primary care clinical practice.

Elaine has published 10 major clinical trials in primary care settings, producing valuable new evidence for GPs and Physiotherapists on effective treatments for the most common painful conditions with which patients frequently present in primary care – for example showing that acupuncture provides no additional pain relief for patients with knee pain compared to physiotherapy-led advice and exercise alone, and that physiotherapists can be trained successfully to deliver pain management advice based on Cognitive Behavioural Therapy techniques to patients with low back pain, and that this approach reduces subsequent consultations with the GP.

Locally, Elaine’s research has been directly translated into improvements in healthcare outcomes for patients by influencing redesign of services for back pain, and chronic pain, which in both cases have reduced wait-times, achieved high patient satisfaction, and lowered primary care consultation rates. Nationally, her research has shaped NICE guidelines on Back Pain and Osteoarthritis, and influenced Department of Health policy on best practice for musculoskeletal services.

In line with her absolute commitment to multi-disciplinary working and mentorship, Elaine has a strong track record in building research capacity among clinicians. Keele is proud of its success in attracting GPs, Rheumatologists and Physiotherapists to pursue successful clinical research careers within the Centre. Elaine’s leadership, her imaginative approach to developing a research programme which is driven by the clinical concerns and insights of the range of professions working in primary care, and her ability to establish trusting relationships between multi disciplinary groups and a strong partnership with the NHS led a recent Minister of Health (Lord Darzi) to cite the Keele approach as a model for academic-clinical collaboration … which is why we can all be sure that the Arthritis Research UK Primary Care Centre can continue to go from strength to strength.
The Research Year 2009-2010

Our external research awards this year have focused on capacity development of young clinical and health professional researchers. We have based their successful proposals on project areas pump-primed and supported by the Arthritis Research UK Centre grant: Kika Konstantinou, NIHR Lectureship in Physiotherapy (the sciatica project of the spinal research programme); Gwenllian Wynne-Jones, NIHR Post-Doctoral Fellowship in Epidemiology and Nursing (the work project of the spinal research programme); John Bedson, NIHR Clinical Lectureship in General Practice (primary care management of OA); Tope Roberts, NIHR In-Practice GP Fellowship (multimorbidity programme); and John Edwards, NIHR In-Practice GP Fellowship (the GP outcomes project of the osteoarthritis programme).

We continue to identify and support novice clinical researchers to undertake research training and to develop academic careers. Following the introduction by our Strategic Health Authority of a competitive funding stream to support nurses and allied health professionals to apply to the NIHR’s new Clinical Academic Training programme, two physiotherapists (Martin Thomas and Siobhan Stynes) and one nurse (Andrew Finney) were successfully supported by the Centre to gain regional pre-doctoral awards on foot problems, sciatica and practice nurse care of osteoarthritis patients respectively. We were also successful in gaining a three year NIHR Research Methods Fellowship, linked to our NIHR OA programme (Daniel Green).

We hosted two overseas researchers as Visiting Fellows to the Centre. The first, Hylton Menz, podiatrist and Associate Professor of Health Sciences at LaTrobe University in Melbourne, Australia, has helped the foot programme to progress, with publications on the frequency and diagnosis of foot problems presented to general practice. During his stay, Hylton was awarded the British Medical Association’s Book of the Year in the health care category for his textbook on foot and ankle problems in older people. The second, Margreth Grotle, physiotherapist and Senior Research Fellow in Oslo, has completed an analysis of Keele data comparing prognosis of acute and chronic back pain in primary care.

We also continue to provide fellowships for our researchers to visit high profile units overseas. This year Ross Wilkie spent six months with Harvard and Liberty Mutual in Boston, USA, led by Glenn Pransky, who are experts on research into return-to-work interventions for back pain sufferers. Ross ran a successful series of workshops funded by the Medical Research Council with colleagues from Keele and Kent Universities to develop new projects on promoting retention and return of workers to the workplace following illness.

Keele’s support for research capacity development in the Centre was evidenced by the promotion of two of our Senior Lecturers to Personal Chairs. Krysia Dziedzic and Nadine Foster both trained as physiotherapists and have been members of our group for more than 10 years, playing important roles in its development. Krysia becomes the Arthritis Research UK Professor of Musculoskeletal Therapies, Nadine Professor of Musculoskeletal Health in Primary Care. A third progression was that of Linda Chesterton. Linda was a full-time Lecturer in Physiotherapy, squeezing in research when she could. We supported research time for Linda to develop a project, successfully submitted for an NIHR Research for Patient Benefit award, which currently supports her to carry out a trial of tennis elbow treatment. Linda has now been promoted to Senior Lecturer.

Our patient and research users’ group has gone from strength to strength, with national conferences hosted at Keele. Our leadership on this topic is highlighted by Keele’s administration of regional NIHR bursaries to facilitate involvement of users in the development of research projects, and our appointment of a user for the first time to a part-time salaried position in the Centre to support and mentor user involvement. The research group supporting user involvement (Ong, Jinks) have started to publish on aspects of user involvement. One highlight has been the completion of a booklet for older patients consulting with joint pain, led by Janet Crime and engaging a number of users, in which self-help messages and information are combined with details of local organisations and groups that can support self-management of joint pain. Another highlight was the Cases award for outstanding published case report including a patient contribution (led by Jane Richardson and Christian Mallen).

With respect to publications, researchers in the Centre have been tackling the important issue of the costs and benefits of long-term medication for chronic musculoskeletal pain, with Kate Dunn leading on a paper on opioids in the Annals of Internal Medicine with American colleagues, which was named as the “finding of the year” by the US National Institute of Health’s Institute of Drug Abuse. Kate joined with Elaine Hay to write a punchy editorial on the topic for the British Medical Journal, and John Bedson (a local GP and one of our NIHR Clinical Lecturers) leading a Centre team in a submitted paper on a stepped care approach to medication for chronic musculoskeletal pain.
The main results from the Arthritis Research UK sponsored StartBack trial (see below) of optimum primary care treatment of back pain will be submitted in September 2010, but there has been a rapid spread of interest in its key feature – a simple screening tool for use in clinical practice, developed at Keele by Arthritis Research UK Lecturer in Physiotherapy Jonathan Hill.

A Report by the Education Committee of Arthritis Research UK concluded that primary care education would be greatly enhanced by the provision of more basic information about what is seen and looked after in primary care. The Centre has responded to this by initiating a series of reports ("Musculoskeletal Matters") in which some of the datasets held by the Centre are used to provide snapshots of musculoskeletal conditions in a typical General Practice. This series is planned to appear every three months and is available on the Institute’s website http://www.keele.ac.uk/research/pchs/pcmrc/dissemination/bulletin/index.htm

Other highlights for local general practitioners linked to the Centre include Mark Porcheret's appointment as the Royal College of General Practitioners' Osteoarthritis Champion and Simon Somerville’s appointment to be editor of Arthritis Research UK’s ‘Hands on’ The success of Centre staff in gaining places on the prestigious and much sought-after Brisbane Initiative for future leaders of academic primary care continued with Danielle van der Windt, our Professor of Primary Care Epidemiology, appointed to the “senior” stream, following the success of Umesh Kadam and Christian Mallen in being appointed to the early career stream.

We continue to retain a high proportion of our research and support staff, with only one move to report – and a very positive one at that with Ricky Mullis promoted to join Jonathan Mant’s group in Cambridge as Senior Research Fellow. An important new appointment to the Centre was John McBeth’s arrival as Reader in Chronic Pain Epidemiology. John moved from Arthritis Research UK’s Manchester Epidemiology Unit and will develop longitudinal studies of pain in older people at Keele.

Because the epidemiology team is now well established, I decided this year to step down as Director of the Research Institute and the Arthritis Research UK Centre. At the same time, the University agreed to align the Research Institute (Primary Care and Health Sciences) closely and tightly with the Centre to underline its commitment to the Centre and the high regard in which the Centre is held within the University. This closer alignment of the Centre to the University’s Research Institute structure recognises that research funding faces serious challenges in the future, and that the University is prepared to focus on its key research areas of strength, with the Centre as one of its top priorities. I am delighted that Elaine Hay has taken over both positions. The appointment consolidates primary care research at Keele to meet the challenges of planning for the next round of applied health funding, for the UK Universities’ Research Evaluation, and for the results of NHS restructuring of in partner primary care organisations. I am confident that the Centre is in excellent hands.

Peter Croft

Highlights of outputs from the Arthritis Research UK Primary Care Centre grant

Applied research and intervention studies

We have found that it is possible in both a research environment and every-day general practice to use a simple set of questions to separate people who consult their GP about back pain into three groups – one group who are likely to get better and so can be given simple advice about pain management and daily activities (exercise for example) and safely discharged in the expectation that their back pain will improve; the second group with more complex problems – for example pain that tracks down the leg and is particularly severe – can be referred to a physiotherapist for physical therapy that focuses on helping the patient with daily activities and movement; a third group with a wider range of problems – they may for example be very anxious about their back pain and what they may have to suffer in the future because of it - can be referred to a physiotherapist specially trained in dealing with such problems. We are currently in the process of testing whether separating people with back pain in this way and then targeting treating accordingly provides better pain relief and better activity levels, compared with simply providing patients with usual care from the doctor and physiotherapist. These results will be out next year.

We have been looking at the way patients, doctors and physiotherapists view back pain, and we have found out that many patients have perceptions and beliefs that are thought to have negative effects on their recovery – if you think you are going to do badly, then you probably will do badly. The next phase of our research is designed to see if we can change such a person's attitude to a more positive approach and see if this improves how they are doing one year later.
Our National Institute of Health Research (NIHR)-funded programme on the optimal management of osteoarthritis in primary care builds on our earlier programme of trials and epidemiological work. Having identified that core treatments which are often not initiated, we have developed training for GPs in the delivery of a model consultation, based on the UK National Institute of Health and Clinical Excellence (NICE) Osteoarthritis guidelines. This approach will be supported by the osteoarthritis patient booklet which will guide patients in their self-management. This structured approach to implementation of the NICE Osteoarthritis guidelines will be underpinned by systematic evaluation.

Our osteoarthritis programme recognises that exercise is important for improving the symptoms of osteoarthritis, but that people who suffer from joint pain do not consider exercise to be an appropriate treatment, have worries about its safety, do not maintain an exercise regime for it to have a beneficial effect, and find it difficult to make the necessary lifestyle changes to sustain exercise. We have developed a new training package for physiotherapists as part of a trial to test whether an individualised supervised exercise regime or a “lifestyle” approach focusing on adherence to exercise improves the long term effectiveness of exercise interventions delivered by physiotherapists.

Epidemiological studies

In the past year we have investigated the influence of mood problems and cognitive complaints (such as memory problems) on the experience of musculoskeletal pain in older people. The results show that people with such cognitive complaints more often report chronic pain problems. Mood problems, such as anxiety and depression also influence the development of chronic pain, but the reverse was also true; people with chronic pain were more at risk of developing new episodes of anxiety or depression. These results are being used to develop a new trial (funded by Arthritis Research UK and the National Institute of Health Research) to investigate whether community nurses, in collaboration with GPs and local employers, can work with patients who have chronic back pain to help them stay in work or return to work and whether the patients’ pain and general health improve as a result.

In some of our studies (the ‘clinical assessment studies’) participants with pain in the hand, knee or foot have been invited to a research clinic, so that a more extensive assessment could be carried out including a physical examination and X-rays. The results of these studies have looked at the best way of diagnosing joint pain and osteoarthritis. One study, for example, used findings of X-rays of hand joints, and found that people with X-ray changes of the thumb joints have more pain and limitations in daily activities than people who have X-ray changes in the finger joints alone. This result helps us better to understand hand osteoarthritis and to design better approaches to its treatment.

We have also conducted several studies in which people with joint pain are interviewed to learn more about their experiences of living with a chronic pain problem. These qualitative studies have provided valuable information on the influence that joint pain can have on everyday activities and people’s well-being, and how people manage their joint problems. One of our specific interests currently is in learning from older people who have chronic musculoskeletal pain but who say it does not interfere with their everyday life, just how they overcome and adapt to their condition in ways which may be beneficial to others.

Research Design Service

The Research Design Service (RDS) is located within the Research Institute for Primary Care and Health Sciences, Keele University. The Keele service forms part of a national network of RDSs that are funded by the National Institute for Health Research. The aim of each is to help clinicians and other health researchers to develop high quality research proposals for submission to peer reviewed funding competitions for applied health research.

The Keele RDS achieves this aim by giving health researchers from across Staffordshire and Shropshire access to a team of scientists with specialist skills in: mixed method research designs (Julius Sim); mechanisms for promoting patient and public involvement in research (Pam Carter); qualitative research (Diane Roberts); and statistics.
(John Belcher). The service is directed by Roger Beech who has a background in quantitative health services research methods.

The best way of contacting the Keele RDS and requesting support is via the RDS website: www.rds-wm.nihr.ac.uk. Alternatively, researchers can contact the RDS via e-mail (rds@cphc.keele.ac.uk) or by phone (01782 733905). It is best if researchers contact the RDS when they are initially formulating their research plans. As part of an iterative process, the RDS specialists will then help them to turn their research ideas into high quality research submissions. In some circumstances, members of the RDS also become co-applicants on grant submissions.

During the previous academic year the RDS helped clinicians linked to the Faculty of Health to prepare a total of ten grant submissions to NIHR funding streams (mainly to the Research for Patient Benefit Programme). All were shortlisted: a decision is awaited on four submissions, two were supported and the remaining four were not supported. One of the two funded projects will compare the merits of perineal re-suturing versus expectant management following vaginal delivery complicated by a dehisced wound. The other will investigate a novel approach to diagnosing respiratory infections in children with cystic fibrosis. Both of these projects will be undertaken under the umbrella of the Faculty of Health’s new Health Services Research Unit. In this way, the RDS is providing a crucial support to the development of that Unit’s multimorbidity and service evaluation research agenda.

Roger Beech
SECTION 3

RESEARCH GRANTS AND OTHER INCOME
## Current Grants

<table>
<thead>
<tr>
<th>Title</th>
<th>Grant holders</th>
<th>Funding agency</th>
<th>Dates</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of a National Physiotherapy Network</td>
<td>A Moore, D Newham, J Sim, M Simmonds</td>
<td>Chartered Society of Physiotherapy</td>
<td>30 November, 2004 to 31 December 2010</td>
<td>£20,000</td>
</tr>
<tr>
<td>NHS R&amp;D support to support research in new Medical Schools</td>
<td>P Croft, R Hughes</td>
<td>Department of Health</td>
<td>1 October, 2005 to 1 October, 2013</td>
<td>£608,715</td>
</tr>
<tr>
<td>Primary care physiotherapy for common musculoskeletal conditions: providing the evidence base for effectiveness</td>
<td>N Foster</td>
<td>NHS R&amp;D National Co-ordinating Centre for Research Capacity Development – Primary Care Career Scientist Award</td>
<td>1 December, 2004 to 30 November, 2009</td>
<td>£433,147</td>
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<tr>
<td>A randomised controlled study of outcome and cost effectiveness for RA patients attending nurse-led rheumatology clinics</td>
<td>J Hill, S Ryan, H Bird, C Hale, AM Lewis, P Emery, H Quinn</td>
<td>Arthritis Research Campaign</td>
<td>2006 to 2009</td>
<td>£200,746</td>
</tr>
<tr>
<td>Predictors and prognosis of locomotor disability in primary care: the North Staffordshire Osteoarthritis Project follow-up study</td>
<td>P Croft, E Hay, C Jinks, P Jones, K Jordan, U Kadam, BN Ong, G Peat, C Phillipson</td>
<td>Medical Research Council</td>
<td>1 October, 2006 to 30 September, 2010</td>
<td>£934,676</td>
</tr>
<tr>
<td>Epidemiological study of the impact of osteoarthritis on participation restriction and work limitation</td>
<td>R Wilkie, P Croft</td>
<td>United Kingdom Research Council</td>
<td>1 October, 2006 to 30 September, 2011</td>
<td>£125,000</td>
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<tr>
<td>Musculoskeletal Pain Clinical Studies Group</td>
<td>E Hay</td>
<td>Arthritis Research Campaign</td>
<td>2007 to 2010</td>
<td>£97,588</td>
</tr>
</tbody>
</table>
Title: Allied health professional academic posts in rheumatology
Grant holders: K Dziedzic, K Dunn, N Foster, E Hay, J Hill
Funding agency: Arthritis Research Campaign -
Dates: 1 January, 2007 to 31 December, 2011
Amount: £289,841

Title: The influence of non-specific effects of primary care interventions on outcome in patients with back pain
Grant holders: M Artus, D van der Windt, K Jordan, E Hay
Funding agency: Arthritis Research Campaign – Primary Care Research Fellowship
Dates: 1 April, 2007 to 31 March, 2011
Amount: £266,335

Title: StartBack: Screening and Targeted Treatment for Low Back Pain
Grant holders: E Hay, K Dunn, M Lewis, N Foster, K Dziedzic, S Bryan, C Main
Funding agency: Arthritis Research Campaign – Research Project grant
Dates: 1 April, 2007 to 31 March, 2010
Amount: £183,659

Title: IMPACTBACK: Implementing evidence based primary care for back pain
Grant holders: E Hay, N Foster, K Konstantinou, G Sowden, R Hughes, AM Lewis, BN Ong, K Dziedzic, C Main, S Bryan
Funding agency: The Health Foundation
Dates: 1 April, 2007 to 31 March, 2010
Amount: £412,025

Title: Self management, joint protection education and exercise in hand osteoarthritis
Grant holders: K Dziedzic, A Hammond, E Thomas, E Hay
Funding agency: Arthritis Research Campaign – Research Project Grant
Dates: 1 June, 2007 to 31 May, 2010
Amount: £196,369

Title: Co-morbidity of cardiovascular disease in osteoarthritis
Grant holders: U Kadam
Funding agency: NIHR – Postdoctoral Award
Dates: 1 August, 2007 to 31 July, 2010
Amount: £369,066

Title: Improving outcomes from exercise for older adults with knee pain in primary care
Grant holders: M Holden, N Foster, E Hay
Funding agency: Arthritis Research Campaign – Allied Health Professionals Training Fellowship
Dates: 1 September, 2007 to 28 February, 2010
Amount: £76,458

Title: Future quality management strategies for pharmacy pre-registration training
Grant holders: A Blenkinsopp
Funding agency: Royal Pharmaceutical Society
Dates: 1 November 2007 to 31 December 2009
Amount: £60,000
Investigating patient’s health priorities and use of health services

Grant holders: BN Ong, C Jinks, M Corbett, M Porcheret
Funding agency: NIHR – Research for Patient Benefit
Dates: 1 January, 2008 to 31 December, 2009
Amount: £139,274

The course of symptoms over time and the influence of the family on patterns of chronic pain

Grant holders: K Dunn
Funding agency: Wellcome Trust Research Career Development Fellowship
Dates: 1 January, 2008 to 31 December, 2012
Amount: £586,110

The evaluation of nurse and pharmacist prescribing

Grant holders: A Blenkinsopp
Funding agency: Department of Health
Dates: 5 January, 2008 to 31 March, 2010
Amount: £138,249

Evaluation and development of enhanced pain management programmes

Grant holders: R Hughes
Funding agency: Stoke on Trent PCT
Dates: 1 March, 2008 to 28 February, 2010
Amount: £160,000

To develop and facilitate a PCT accreditation system

Grant holders: A Blenkinsopp
Funding agency: NHS Executive West Midlands
Dates: 1 March 2008 to 28 February 2009
Amount: £61,500

Centre in Primary Care Musculoskeletal Science

Grant holders: P Croft, E Hay, BN Ong, C Main, R Hughes, N Foster, K Dziedzic, G Peat, E Thomas, M Lewis, K Jordan, C Jinks, D van der Windt
Funding agency: Arthritis Research Campaign
Dates: 1 March, 2008 to 28 February, 2013
Amount: £2,500,000

Development of a framework for the evaluation of the Occupational Health Physiotherapy Pilot project

Grant holders: C Phillips, C Main
Funding agency: Swansea University
Dates: 1 April, 2008 to 31 October, 2009
Amount: £7,847

Systematic review of symptom presentation and subsequent cancer diagnosis and mortality in primary care

Grant holders: M Shapley
Funding agency: Stoke on Trent PCT and North Staffordshire PCT
Dates: 1 April, 2008 to 31 March, 2010
Amount: £100,000
Title: Evaluation of the Occupational Health Physiotherapy pilot project
Grant holders: C Main
Funding agency: Welsh Assembly Government
Dates: 28 April, 2008 to 27 October, 2009
Amount: £7,847

Title: The meaning of wellness and resilience for older people with osteoarthritis
Grant holders: J Richardson, BN Ong, J Grime
Funding agency: ESRC
Dates: 1 May, 2008 to 30 June, 2010
Amount: £72,947

Title: Evaluating the impact of back, neck and upper limb pain on work performance and absence
Grant holders: C Main and G Wynne-Jones
Funding agency: BOHRF
Dates: 1 June, 2008 to 31 May, 2009
Amount: £79,387

Title: A pragmatic randomised controlled trial of PhysioDirect telephone assessment advice services for physiotherapy
Grant holders: C Salisbury, S Bryan, M Calnan, N Foster, S Grove, J Hall, E Hay, S Hollinghurst, A Montgomery, T Travers
Funding agency: Medical Research Council
Dates: 1 June, 2008 to 31 May, 2011
Amount: £976,799 (Keele’s share = £231,553)

Title: TENS for the management of tennis elbow
Grant holders: E Hay, L Chesterton, D van der Windt, AM Lewis, C Mallen, J Sim
Funding agency: NIHR – Research for Patient Benefit
Dates: 1 June, 2008 to 31 May, 2012
Amount: £259,989

Title: Clinical osteoarthritis and joint pain in older people: optimal management in primary care
Grant holders: P Croft, R Hughes, H Duffy, BN Ong, D van der Windt, S Bryan, E Thomas, G Peat, J Bird, E Hay, M Porcheret, K Dziedzic
Funding agency: NIHR Programme Grant
Dates: 1 July, 2008 to 20 June, 2013
Amount: £2,055,000

Title: Clinical epidemiology of joint pain and osteoarthritis in older people
Grant holders: G Peat, D van der Windt, K Dziedzic, E Thomas, E Roddy, D Mattey, K Jordan, E Hay, P Croft
Funding agency: Arthritis Research Campaign programme grant
Dates: 1 August, 2008 to 31 July, 2013
Amount: £788,479

Title: The prognosis of musculoskeletal pain in primary care
Grant holders: C Mallen, G Peat, P Croft
Funding agency: Arthritis Research Campaign Career Progression Fellowship
Dates: 1 September, 2008 to 31 August, 2010
Amount: £122,941
Title: West Midlands Research Design Service
Grant holders: J Parry, S Wilson, P Croft, N Stallard, K Wheatley, S Bryan, F Griffiths, S Stewart-Brown, C Hyde, J Deeks, R Hughes, BN Ong
Funding agency: NIHR
Dates: 1 October, 2008 to 31 September, 2013
Amount: £5,344,771 (Keele's share = £1,210,411)

Title: In-practice Fellowships
Grant holders: M Porcheret
Funding agency: NIHR
Dates: 1 October, 2008 to 30 September, 2010
Amount: £115,650

Title: In-practice Fellowships
Grant holders: R Hayward
Funding agency: NIHR
Dates: 1 October, 2008 to 30 September, 2010
Amount: £116,322

Title: Individualising exercise for knee osteoarthritis
Grant holders: L Wood, G Peat, N Foster, E Thomas, E Hay
Funding agency: NIHR – Research for Patient Benefit
Dates: 1 October, 2008 to 28 February, 2011
Amount: £70,987

Title: The Epidemiology of Back Pain in the Workplace
Grant holders: P Croft, C Main
Funding agency: North Staffordshire Medical Institute
Dates: 1 Jan 2006 to 30 Sep 2010
Amount: £93,666

Title: Funding of research assistants and PhDs linked to programme priorities
Grant holders: P Croft, R Hughes
Funding agency: Department of Health. NHS R&D Support to support research in new Medical Schools.
Dates: 1 Oct 2005 to 1 Oct 2013
Amount: £608,715

New Grants

Title: Work, Health and Well-being: an interdisciplinary approach to managing health in the workplace
Grant holders: R Wilkie
Funding agency: Medical Research Council
Dates: 1 May 2009 to 28 Feb 2010
Amount: £45,471

Title: Integrated Academic Training
Grant holders: J Bedson
Funding agency: National Institute for Health Research
Dates: 1 Jul 2009 to 31 Jun 2012
Amount: £221,798
Title: Clinical osteoarthritis and joint pain in older people: optimal management in primary care
Grant holders: P Croft, D van der Windt
Funding agency: National institute for Health Research – Research Methods Fellowships and Internships
Dates: 1 Aug 2009 to 31 Mar 2013
Amount: £120,000

Title: Living Well with Dementia: for study days for RCGP Associates in Training
Grant holders: K Mohanna
Funding agency: West Midlands SHA
Dates: 1 August 2009 to 31 July 2010
Amount: £10,000

Title: Trainers courses/PGCertMedEd
Grant holders: K Mohanna
Funding agency: West Midlands SHA funding
Dates: 1 August 2009 to 31 July 2010
Amount: £77,000

Title: Obesity management
Grant holders: K Mohanna
Funding agency: Stoke PCT
Dates: 1 August 2009 to 31 July 2010
Amount: £6,700

Title: Commissioning support for GPCC
Grant holders: K Mohanna
Funding agency: Stoke PCT
Dates: 1 August 2009 to 31 July 2010
Amount: £10,000

Title: Development of an education and training programme by for health practitioners who wish to attain ‘Practitioner with Special Interest’ (PwSI) accreditation within the two Shropshire PCTs
Grant holders: Pat Black
Funding agency: NHS Shropshire and Staffordshire and NHS Telford and Wrekin
Dates: 1 August 2009 to 31 July 2011
Amount: £25,000

Title: Improving outcomes for patients with shoulder impingement: a randomised trial
Grant holders: N Foster, E Roddy, D van der Windt, AM Lewis, K Stevenson, P Datta, E Hay
Funding agency: National Institute for Health Research – Research for Patient Benefit
Dates: 1 Sept 2009 to 31 Aug 2011
Amount: £245,609

Title: In-Practice Fellowship
Grant holders: E Roberts
Funding agency: National Institute for Health Research
Dates: 1 Sep 2009 to 31 Aug 2011
Amount: £110,500
<table>
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<th>Title</th>
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<td>Training support award</td>
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<td>West Midlands Research Training Support Award</td>
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<td>Optimal management of spinal pain and sciatica in primary care</td>
<td>E Hay, R Hughes, H Duffy, P Ong, N Foster, K Dunn, S Bryan, AM Lewis, K Konstantinou, C Main, S Emery, P Croft</td>
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<td>Clinical lectureship award</td>
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SECTION 4

PUBLICATIONS
2009

Peer reviewed publications


Jordan JL, Konstantinou K, O'Dowd, J. Herniated lumbar disc. Clinical Evidence (Online) 2009;0:0-0.


Russell M, Roe B, Beech R, Russell W. Service developments for managing people with long-term conditions using case management approaches, an example from the UK. Int J Integr Care 2009;9:0-0.


Books


Book chapters


Reports


Multimedia publications

Effective care – effective communication: Living and dying with COPD. Holmes S, Scullion J, Stern M, McKinley RK, Brennan M; on behalf of IMPRESS, a GPIAG/BTS collaboration. 2009.

2010

Peer reviewed publications


Foster N. McKenzie treatment for acute back pain added to first-line care does not result in appreciable clinical improvements. J Physiother 2010;56:135-0.


Hill JC, Foster NE, Hay EM. Cognitive behavioural therapy shown to be an effective and low cost treatment for subacute and chronic low-back pain, improving pain and disability scores in a pragmatic RCT. Evid Based Med 2010;15:118-119. doi:10.1136/ebm1085.


Shrewsbury D, Mohanna K. Influencing medical professionalism: innate, taught or caught. Education for Primary Care 2010;21:199-202


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**Book Chapter**


**Reports**


SECTION 5

PARTNER ORGANISATIONS AND GROUPS
General practices: teaching

Alveley Medical Practice
Ashley Surgery
Audley Health Centre
Beeches Medical Practice
Belgrave Medical Centre
Bilston Medical Practice
Bilston Health Centre
Blurton HC Ripon Rd
Bridgnorth Medical Practice
Broseley Medical Practice
Castletown Surgery
Caxton Surgery
Charlton Medical Practice
Church Close Medical Practice
Church Stretton
Claremont Bank Surgery
Cobridge Surgery
Crown Surgery
Cumberland House
Dodington Surgery
Donnington Medical Practice
Dr Phillips & Partners
Dr Reddy & Partners
Drayton Medical Practice
Dunrobin Street Medical Centre
Ellesmere Medical Practice
Featherstone Family Health Centre
Fenton Health Centre
Foden Street Surgery
Furlong Medical Centre
Gnosall Surgery
Goldenhill Medical Centre
Hanford Health Centre
Hanley Health Centre
Harley Street Medical Centre
Halsington Surgery
Heath Hayes Health Centre
Hednesford Valley Health Centre
High Street Medical Practice
Higherland Surgery
Holmcroft Surgery
Kidsgrove Medical Centre (Dr Holland)

Bridgnorth
Ashley
Audley
Shrewsbury
Dresden
Bilbrook
Bilston
Bridgnorth
Broseley
Milehouse
Oswestry
Telford
Telford
Church Stretton
Shrewsbury
Cobridge
Eccleshall
Stone
Whitchurch
Donnington
Shelton
Shelton
Market Drayton
Longton
Ellesmere
Featherstone
Fenton
Stoke-on-Trent
Tunstall
Gnosall
Goldenhill
Hanford
Hanley
Hanley
Halsington
Heath Hayes
Hednesford
Newcastle-under-Lyme
Newcastle-under-Lyme
Stafford
Kidsgrove
Shropshire
Nr Market Drayton
Stoke-on-Trent
Shropshire
Stoke-on-Trent
Wolverhampton
Wolverhampton
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Shropshire
Newcastle under Lyme
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<td>Stoke</td>
<td>Stoke-on-Trent</td>
</tr>
<tr>
<td>Treehouse Children's Centre</td>
<td>Bentilee</td>
<td>Stoke-on-Trent</td>
</tr>
<tr>
<td>Westfield Children's Centre</td>
<td>Longton</td>
<td>Stoke-on-Trent</td>
</tr>
<tr>
<td>Witness Support Part of Victim Support</td>
<td>Hanley</td>
<td>Stoke-on-Trent</td>
</tr>
</tbody>
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