UNIVERSITY OF BIRMINGHAM AND WEST MIDLANDS DEANERY

ACADEMIC CLINICAL FELLOWSHIPS

GASTROENTEROLOGY & HEPATOLOGY
ENVIRONMENT
Birmingham has unrivalled strengths in Liver Research in both clinical and laboratory-based areas. The Centre for Liver Research is led by internationally rated investigators in Liver Immunology (Professor David Adams), molecular virology of hepatitis C (Professor Jane McKeating), Liver Stem Cell Biology (Dr Phillip Newsome) and clinical hepatitis virology (Dr David Mutimer). This grouping is underpinned by extensive grant funding from the MRC, BBSRC, Wellcome Trust, CRUK, National Institute of Health Research and European Commission. The laboratory-based research is intimately linked to the clinical hepatology programme at the Queen Elizabeth Hospital with shared research meetings with NHS colleagues focussing on clinical aspects of hepatology and liver transplantation (Professor James Neuberger and NHS consultant colleagues). The Unit has a long-track record in training liver fellows not only from the UK but from all over the world. There is a stimulating intellectual environment not only for clinical training but also for basic and translational research in liver disease. The Centre for Liver Research is a core component of both the MRC Centre for Immune Regulation at the University of Birmingham and the NIHR Biomedical Research Unit for cell and immunotherapy of liver disease. Close collaborations with the CRUK Institute of Cancer Studies provide opportunities for developing research projects in gastrointestinal cancer, epithelial cell biology, cancer therapy and biomarkers.

The Liver Unit at QEH has one of the largest liver transplant programmes in the world and the close links with the surgical and intensive care teams provides an integrated and comprehensive clinical training programme in hepatology. We have an established record of training clinical fellows and 14 clinical fellows have completed MD or PhDs in the Unit over the last 10 years (9 MRC clinical training fellows, 1 Wellcome Trust, 1 Royal college of surgeons and 3 Digestive Disorders Foundation-Core funded) and 4 MRC, 4 Wellcome Trust and one EASL fellow are currently in training.

Training in gastroenterology will be provided through the West Midlands Deanery which supports over 50 trainees in gastroenterology. The academic training path is focussed on the Queen Elizabeth Hospital. The gastrointestinal unit there was set up by Prof Robert Allan and is now headed by Dr Bob Walt with a team of 5 other consultants providing a comprehensive service in all aspects of gastroenterology and endoscopy. There are close links with the academic department of surgery (oesophageal disease Prof Alderson, colorectal cancer and inflammatory bowel disease Prof Dion Morton) as well as research links to the CRUK Institute of Cancer Research (Dr Chris Tselepsis and Prof Phil Johnson). There is thus a strong and supportive environment for gastroenterology training allowing academic trainees to complete CCST training in gastroenterology as well as hepatology.

A close partnership between the University and the NHS funds clinical liver research in Birmingham. The NHS provides core funding to the Centre for Liver Research and together with the University hosts the NIHR Biomedical research Unit in Liver Disease. Research active clinicians on the Liver Unit include both full-time NHS and University funded (Adams and Newsome, Mutimer) consultants and the NHS consultants hold honorary senior lectureships with the University of Birmingham.

OBJECTIVES OF COMBINED CLINICAL AND ACADEMIC TRAINING
The programme will integrate academic clinical training in gastroenterology to provide a supervised programme to allow candidates to undertake research training
in gastroenterology and to complete clinical accreditation in gastroenterology and where appropriate hepatology.
CLINICAL AND ACADEMIC TRAINING.

25% of clinical training will be protected for academic pursuits. The organisation of this will be developed in collaboration with the academic lead for clinical gastroenterology. During CMT1 the main aim is to achieve MRCP. During your dedicated research time, you will also have exposure to academic gastroenterology by attending research clinics, research meetings and involvement in clinical research projects. CMT2 you should have decided in which area of gastroenterology you wish to undertake a research project and have established this with your supervisor. During your dedicated research time you should be developing preliminary results for use in a fellowship application. ST3 – you should have started preparations for a fellowship application.

All fellows will be provided with a designated clinical supervisor. They will also be provided with a research supervisor who will direct their training and help them to put together applications for training fellowships. In addition they will be allocated an independent mentor. This person will be a clinical academic outside the liver and gastroenterology units who can provide objective, confidential and informed career advice. The fellow will be working in a highly supportive environment. Within the Liver unit this includes a clinical lecturer, a sixth year hepatology trainee and five other specialist registrars and within the gastroenterology unit a lecturer and four SpRs. In addition at any one time we have between 4 and 6 GI trainees working as clinical training fellows at the Medical school. There is thus a supportive network to which the fellow will belong.

ACCESS TO RESEARCH FACILITIES

The programme has access to outstanding facilities in Birmingham. The Medical School is on the same campus as the Queen Elizabeth Hospital Birmingham providing easy access between the clinical areas and research laboratories. The Wellcome Trust Clinical Research facility is on site and currently runs research projects in liver, gastrointestinal and transplantation related research. A regular research endoscopy listed is carried out within the CRF and this also provides opportunities for training in methodological techniques. The Centre for Liver Research is based in the Institute of Biomedical Research at the Medical School and is part of the prestigious MRC Centre for Immune Regulation providing access to outstanding research facilities and internationally renowned scientists. There are visiting seminar programmes in many disciplines which the trainees will be encouraged to attend. Ongoing collaborations with the CRUK Institute of Cancer Studies provide further important interactions and the potential for developing research projects in cancer and epithelial cell biology, cancer therapy and biomarkers. In 2008 Birmingham was awarded an NIHR Biomedical research Unit to focus on cell and immunotherapy of liver disease. This provides unique opportunities to be involved in translational research and experimental medicine in liver disease. On the clinical side the GI and Liver Units run comprehensive clinical and multi-disciplinary meetings that cover histology, radiology, morbidity and mortality and audit. Thursday afternoon is dedicated to continuing medical education in hepatology. This session is attended by all senior members of the liver unit and involves presentation of relevant clinical and research topics by SpRs on the unit, including clinical training fellows which are then discussed and analysed by the whole unit.
MENTORING AND SUPERVISION
Mentoring and supervision. As mentioned above the fellows will be allocated a research supervisor who will be responsible for making sure they have an appropriate research project, access to all the training and facilities required and help and support in putting together fellowship applications. In addition as is the case with all our graduate students in Birmingham a second supervisor will be allocated to the fellow. This will be someone working in the same or a closely related field who collaborates with the primary supervisor. The use of two supervisors means that the fellow should always have a supportive and involved supervisor to turn to at any stage in the training process. In addition to the supervisors the fellow will be assigned a mentor. This will be a clinician scientist not directly involved in the fellows training who can give independent, confidential advice and support to the fellow. Supervisors will be expected to meet with the fellow at least monthly; mentors will meet termly but should always be available for informal advice if requested. The programme will be designed to be as flexible as possible and within the constraints of a formalised training programme will try wherever possible to take into account the needs and desires of the individual trainee.

PROGRAMME MANAGEMENT AND ADMINISTRATION
The programme will be jointly managed by the Medical School, UHBFT and the local training committee. The academic lead will be Prof David Adams and the clinical lead Dr David Mutimer. Appointees will be assessed in the usual way by the local training committee (RITA) and by the University personal development programme. In addition we will set up an academic training committee comprising the chair of the regional gastroenterology training committee, an NHS consultant from each of the Liver and gastroenterology Units with Dr Newsome representing the University. This group will monitor the progress of both the clinical fellows and the lecturers and assess the success of the overall programme. The committee will meet three times a year and will not only assess the individual trainees but will also ensure that the training programme is meeting its objectives. The agenda for meetings between the committee and the lecturers/fellows will be set by the fellow, not by the committee, providing the fellow with the opportunity to formally state what their objectives are for the period ahead and how they would like to see them implemented.

The attainment of particular milestones will be emphasised:

AT ENTRY
a. Discussion of research opportunities and needs
b. Introduction to available research facilities; encouragement to attend appropriate research as well as clinical meetings
c. Determination of clinical training needs

SIX to TWELVE MONTHS
a. Completion of 2 generic research training modules that will count towards acquisition of MRes
b. Selection of appropriate research supervisor and project
c. Assessment of clinical training so far and future needs

TWELVE to TWENTY FOUR
a. Integration into supervisor’s research group. Attendance at internal research/lab meetings.
b. Generation of data for competitive fellowship application
c. Assessment of clinical training and protected research time
TWENTY FOUR to THIRTY SIX MONTHS

a. Generation of research data and progress with fellowship applications.
   Interview with supervisor to ensure progress is satisfactory
TWELVE TO THIRTY SIX MONTHS

a. Entry into full-time funded training fellowship. Monitoring will continue during fellowship to ensure that progress and research training are satisfactory.

b. Six months before the completion of the period of full-time research the committee and trainee will discuss together completion of PhD/MD and research training and together develop plans for re-entry into clinical training as a lecturer with continuing research activity.

If the trainee fails to obtain a fellowship to do full-time research or decides to withdraw from academic training they will retain their training number and be reintroduced into the West Midlands training programme. The timing and placing will be decided by the committee after discussion with the trainee.

The success of the programme will be based on a) the satisfaction of the fellows/lecturers b) placing of fellows into clinical training fellowships and lecturers into intermediate /senior fellowships and/or academic posts c) the competition for entrants into the scheme.