THE ROYAL WOLVERHAMPTON NHS TRUST

EDUCATIONAL FELLOW

IN

SURGERY
Hospital and General Information

THE TRUST VISION:
“An NHS Organisation that is Striving Continuously to Improve Patient Experience and Outcomes”

THE TRUST’S VALUES:

- **Patients at the centre of all we do**
  - We maintain a professional approach in all we do.
  - We are open and honest at all times.
  - We involve patients and their families and carers in decisions about their treatment and care.

- **Working together we deliver top quality services**
  - We work in partnership with others.
  - Working in teams we will recognise and respect our differences.
  - We support each other as members of the Trust.

- **We will be innovative in how we work**
  - We make it easy to do the right thing.
  - We continue to improve the experiences of those who use our services.
  - We encourage and support people who lead change.

- **We create an environment in which people thrive**
  - We empower people to explore new ideas.
  - We act as positive role models.
  - We work hard for our patients.
  - We recognise achievements.

HISTORICAL BACKGROUND

Earliest medical care was provided by a dispensary in the then town centre. After the Bilston cholera outbreak in the 1830s the South Staffordshire General Hospital, (later renamed The Royal Hospital) was established in 1849. This was the main hospital in town till the 1970s when New Cross Hospital (which opened in 1905 and then became the Local Authority Hospital) was expanded to accommodate increasing workload. The Royal Hospital closed in the 1990s. The Royal Wolverhampton achieved Trust status in 1994/95.
A range of specialty services are provided along with excellent pathology services covering most aspects of clinical biochemistry, haematology, microbiology and histology. There is a large, modern radiology department and an on-site neurophysiology department.

The Trust has access to West Park and Penn Hospitals which provide rehabilitation and long stay care for older people, as well as a young adult rehabilitation unit.

Both New Cross and West Park Hospitals are supported by Physiotherapy and Occupational therapy staff. Speech therapy is available on the New Cross site and in the community.

The Directorate of Ophthalmology based at The Wolverhampton and Midland Counties Eye Infirmary (WEI) provides an ophthalmic service to the residents of Wolverhampton, Walsall and South Staffordshire as well as adjacent counties. The Eye Infirmary is located at the front of New Cross hospital site. It enjoys an excellent reputation serving the local population by providing specialist diagnostic, in patient and theatre facilities.

DEVELOPING SERVICES FOR THE FUTURE

Over recent years Royal Wolverhampton NHS Trust has grown considerably, and has developed a first class reputation as a large tertiary and district general hospital that provides good clinical outcomes across a comprehensive range of services. It has a record of achieving quality, activity and other targets set by local commissioners, regionally and nationally.

This record of achievement has been recognized both within the West Midlands and nationally. As a result the Trust has had investment in new services and progressive modernisation of estate over the years. It is developing a Private Finance Initiative (PFI) proposal which will see it complete its transformation to a sub regional hospital with state of the art facilities.

In recent years the Trust achieved Cancer Centre status, managing the Black Country Cancer Network which is nationally recognised. Cancer services are continuing to receive significant additional investment. Oncology and radiotherapy services are accommodated in modern facilities that include 4 linear accelerators, with simulation equipment. In patient beds to the unit are to be increased along with new day case accommodation. Linked to the development of cancer services there is an increasing centralisation of complex surgical activity for the Black Country on the New Cross site. This includes ENT, Maxillo Facial Surgery, Urology, Thoracic Surgery and Gynaecology.

The investment in the Trust is exemplified by the new build, non-PFI, Heart and Lung Centre at a cost of some £60m. This service extension opened in its new accommodation in 2004.

The Ophthalmology service has for many years provided a sub regional service based at Wolverhampton Eye Infirmary. These services have been developed further with the recent opening of a satellite Cataract Centre in Cannock, Staffordshire and another in Walsall, including a unified orthoptic service.

Renal Medicine is increasing its sub regional role with the development of a satellite dialysis unit at Cannock and increased input to a satellite unit at Walsall. A new Renal Department opened in October 2002 at New Cross Hospital providing a fully integrated renal service.

The Trust has a recognised neonatal intensive care service confirmed as a Level 3 unit. This is likely to be complemented with the further development of paediatric facilities, and increased paediatric surgery for the Black Country.
The increasingly complex care that is provided by the Trust is being supported by the development of additional critical care and operating theatre facilities. There is also increased investment in clinical support services. In particular, there has been significant investment with the construction of a new £13 million PFI Radiology Department which opened in 2003, bringing significant benefits including implementation of a Picture Archive Communications System (PACS). The pharmacy services will benefit from similar investment and new facilities in the future.

Management of emergency care has been recognised nationally for developments that allow the care of patients at home and/or on an out-patient basis rather than as in-patients. Working with Health and Social Care providers will create a continued developmental programme to deliver emergency care on an ambulatory rather than an in-patient basis. However, the increasing demand for in-patient emergency care is recognised and additional in-patient accommodation is being constructed as part of the future development of the Trust.

The treatment of patients, where appropriate, on an ambulatory basis is being supported by the development of two Primary Care Centres in Wolverhampton. The use of modern technology, including telemedicine and support technologies such as smart remote monitoring, will allow significant numbers of patients, particularly out-patients to be seen in General Practitioner and/or nurse led clinics with remote consultant support and rapid access, if required, for a consultant opinion.

In 2002, the Trust became a Teaching Hospital linked to the University of Birmingham Medical School. This development has been supported with additional consultant posts and the expansion of the Wolverhampton Medical Institute (under- and post-graduate medical centre) on the New Cross site.

The Trust’s Research and Development programme is gaining an increasing reputation. This is further enhanced with the Trust acting as the host organisation for a West Midlands research collaborative.

Clinical audit has a strong base within the Trust and this has been incorporated into a robust clinical governance structure. This is being developed with the Trust Board having an increasing focus on the monitoring of clinical outcomes.

In addition to all of the aforementioned developments the ongoing New Hospital Project is set to deliver a transformation of the New Cross site through a PFI scheme.

The hospital redevelopment is set in the context of a radical service strategy across the Black Country. This will focus on expanding hospital services, community and primary care and ensuring improvements in chronic disease management systems. This will create a health care system locally that offers an increasingly wide range of services.

CLINICAL GOVERNANCE

INTRODUCTION

The Medical Director is the Trust Lead on Clinical Governance and to assist him in this role are two Divisional Directors and two Associate Directors, who are members of the consultant staff, have been appointed as follows:

- Mr Badger Divisional Director, Division 1
- Dr Kapadia Divisional Director, Division 2
- Dr J Cotton Associate Director of Research and Development
- Mr D Churchill Associate Director of Risk Management
A brief resume on the role of each Directorate is given below.

EDUCATION AND TRAINING

This Directorate was established in 2001 and is led by a Director who reports to the Director of Human Resources and sits on the Trust Management Team and the Governance Directors Committee. The Directorate encompasses responsibility for the education and training needs of post graduate medicine, undergraduate medicine, nurses and allied health professionals, scientific and technical professionals, management development and non-clinical staff. Each group is led by a Chair within a sub-committee structure. For postgraduate medicine the current Clinical Tutor is Mr J Samra, and the Undergraduate Sub-Dean is Dr PB Rylance.

Education and training needs are served by the Wolverhampton Medical Institute which provides excellent facilities open to multi-professional, multi-disciplinary use. It has a top class library with a modern journal and text book stock together with extensive IT facilities. The Trust expects all consultants will maintain their CME and professional development to a high standard. All consultants are encouraged to develop an academic component within their job plan with the full expectation that they will be accredited as teachers, for which training can be provided. This will better enable them to act as educational supervisors to all grades of junior doctors and medical students according to the stipulations of the Deanery, the Royal Colleges and the Medical School.

RESEARCH AND DEVELOPMENT

This is a proactive Directorate with an overall objective to improve patient care, treatment, quality of life and economic prosperity generated via the stimulation, facilitation and dissemination of evidenced based research and innovation.

Formed in 1998, the Directorate has established and grown rapidly in parallel to the development of the Trust’s research and innovation culture. With an active portfolio of research and development support services available to all staff within the Trust, the Directorate has made it easier to access help, guidance and training to deliver a ‘one stop shop’ for all aspiring or well established researchers / innovators.

The R&D Director is supported by a team of well experienced managers, research nurses and administrators to ensure that the facilitation of research trials and innovative ideas are processed effectively and efficiently.

The Directorate works to the highest standards to reduce the risks associated with R&D activities and this was confirmed through a number of recent external audits. Working closely with the Trust Governance and Audit Department the Directorate is committed to the engagement of parties to ensure that such standards are maintained.

The R&D Directorate works closely with a number of Universities and is a strategic partner to other Government agencies across the West Midlands. Within the R&D Portfolio a number of programmes are hosted: The Black Country Cancer Research Network (BCCRN), Centre for Healthcare Innovation and Development (CHID®) and DoH Budget. The private sector also has a significant part of R&D activity within the Trust offering many benefits to both the Trust and the consumer.
Clinical risk management has assumed increasing importance in the Trust over the last few years. All members of staff are encouraged to complete incident forms to record clinical incidents or ‘near misses’. The degree of risk is assessed using a scoring matrix, which is widely published around the hospital. Incidents which have a low chance of recurrence and a low impact on the organisation are investigated and managed at Directorate level. Those in red or amber category, where the risk of recurrence is high and the potential damage to the Trust is significant, are investigated with the assistance of the Risk Management Team. All serious incidents are discussed at the Risk Management Committee and recommendations made to the Management Team. A Trust Risk Register is being compiled so that priority can be attached to the resolution of practices seen as representing a risk.

We also have a duty to report all red and amber risks to the National Patient Safety Agency (NPSA). This is facilitated by all incidents being logged on a Datix computer base and a root cause analysis completed within 45 days of the occurrence of the incident.

The Trust emphasises that clinical incidents and clinical ‘near misses’ nearly always also involve a systems failure and are not solely due to poor practice in the individual. The department’s over riding emphasis is to put in place the systems which minimise risk to patients, staff and visitors and avoid placing individual staff in situations where they do not receive proper and adequate support.

The Trust has recently implemented the Dr Fosters Clinical Benchmarking system for clinicians to use to improve the quality of the services they provide.
THE CITY OF WOLVERHAMPTON

Wolverhampton is a modern industrial city situated on the western fringe of the Black Country. It is compact, with no boundary more than four miles from the centre. It is approximately a 30 minute drive to Birmingham (15 miles) and 1 hour 20 minutes to Manchester (60 miles). The counties of Shropshire and Staffordshire are only a few miles away, where some of the most beautiful countryside is to be found.

Wolverhampton is an urban, multi-ethnic city with a population of around 250,000. This is made up of 77.79% white and 22.21% black and other ethnic minorities (at the 2001 census). The wider hospital catchment area has a population of in excess of 350,000.

Shopping in Wolverhampton offers a varied selection of facilities and amenities. There are modern shopping precincts (the Mander Centre and the Wulfrun Centre) with further shopping areas in Darlington, Victoria and Dudley Streets along with Queen Square. Shopping is also available in nearby conurbations, including Birmingham.

There are the usual public amenities found in cities. The Civic and Wulfrun Halls are used for concerts and promotions. In addition, there is an Art Gallery and a good public library. The Grand Theatre in the city centre has been extensively refurbished. The city centre has an active nightlife, offering a variety of night clubs, bars, restaurants and a cinema. Sporting facilities include Wolverhampton Wanderers Football Club, several health and fitness clubs as well as clubs for cricket, hockey, rugby, tennis, squash, athletics, and sailing. In addition there is an all weather racetrack for horses and at least six golf clubs are within easy reach.

ACCOMMODATION AND EDUCATION

The main residential areas within the city are situated on the western boundary and include Tettenhall, Wergs, Wightwick, Compton, Finchfield, Merry Hill and Penn. In addition there is a more modern housing development at Perton which offers choice at all price levels. This development has its own supermarket and supporting shops, schools and churches which makes this area a self contained community.

Outside the city there are numerous villages, both small and large, which offer attractive opportunities for housing. They include Beckbury, Ryton, Burnhill Green, Pattingham, Worfield, Claverley, Seisdon, Tysull and Albrighton to the west, Brewood and Codsall to the north and Womborne to the south. There is further choice of residential areas between Wolverhampton and Birmingham if family needs so require.

Education is well catered for with many excellent maintained schools, Wolverhampton College and the University of Wolverhampton. Independent schools include the Wolverhampton Grammar School, the Royal Wolverhampton School, Tettenhall College, St Dominics (Brewood), Birchfield Boys Preparatory and Newbridge Mixed Preparatory Schools.
THE ENVIRONS

To the south east is the Black Country (with the major urban areas of Dudley, Walsall and Wolverhampton) which used to be industrial heartland of England. There is a working Black Country Museum at Dudley, which offers an opportunity to see the cultural heritage of the Industrial Revolution. In addition Birmingham, England’s second city, is only 15 miles away. Facilities there include theatres, concert halls and the major sporting facilities of Aston Villa and Birmingham City Football Clubs, Warwickshire County Cricket Club and the Alexander Athletics Stadium. There is also the National Indoor Arena and National Exhibition Centre which host many national and international events.

The nearby countryside of Staffordshire, Shropshire is delightful. To the north is Cannock Chase and to the west the Shropshire borders with attractions of Bridgnorth, the Clee Hills, the Long Mynd, Wenlock Edge, and the Severn Valley. South of Wolverhampton, the City of Worcester is easily accessible, and to the west north-Wales can be reached in just over an hour.

The area has a large network of canals, the majority renovated, offering adjacent housing and popular for narrow boating holidays.

COMMUNICATIONS

Travel links to Wolverhampton are excellent. The area is well served by the motorway network, with the M5, M6 and M54 within easy reach. There are regular direct rail services to London Euston (journey time about 2 hours) and to Manchester (journey time about 1 hour). Cross country rail services to many parts of England and Scotland are operated by Virgin Trains which has its hub in Birmingham.

Birmingham International Airport is 30 minutes away by road and Manchester International Airport can be reached within 1 hour 20 minutes.
DIRECTORATE INFORMATION/JOB PLAN ETC

JOB DESCRIPTION

This is an established post to support undergraduate medical teaching at New Cross Hospital in Wolverhampton. The post has been developed in close collaboration with the University of Birmingham Medical School. It is suitable for a surgical trainee who has completed 2-3 years of general professional training at BST, ST1 or ST2 level and who wishes to gain further experience in undergraduate teaching prior to progressing to an SpR training programme in general surgery. However, it may also be suitable for some candidates who have completed FY2, but not yet moved on to Basic Surgical training. The post also has a flexible clinical commitment including 1:9 emergency on call work on the Middle Grade Rota.

1.1 Undergraduate Teaching at New Cross Hospital

The hospital has a long tradition of undergraduate teaching in association with the University of Birmingham Medical School. It has excellent educational facilities in the Wolverhampton Medical Institute with lecture theatres and tutorial rooms, a well equipped library including an IT suite. A recent development has been the Simulation Suite, which has received national recognition. There is an Undergraduate Coordinator (Miss Jackie King) and a Directorate Manager – Medical Education and Training (Mrs Louise Nickell).

Birmingham Medical School teaches of medical students at a number of new sites around the Black Country. There is a comprehensive network of Teaching General Practices, which together with the Teaching Hospitals and the Medical School constitute a virtual campus. Both the Hospital and the Medical School have invested heavily in information technology. These facilities are supported by Education/IT Facilitators.

The following groups of students attend New Cross Hospital for clinical training:

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Medicine and Surgery – September – April</th>
<th>42 students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 4</td>
<td>Specialist Medicine – 18 week block</td>
<td>48 students</td>
</tr>
<tr>
<td></td>
<td>Specialist Surgery &amp; Peri-Operative Care</td>
<td>20 students</td>
</tr>
<tr>
<td></td>
<td>9 week blocks</td>
<td></td>
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<tr>
<td>Year 5</td>
<td>Acutely Ill Patient – 15 weeks</td>
<td>20 students</td>
</tr>
<tr>
<td></td>
<td>Obstetrics/Gynaecology – 5 weeks</td>
<td>5 students</td>
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<tr>
<td></td>
<td>Paediatrics – 5 weeks</td>
<td>5 students</td>
</tr>
</tbody>
</table>

1.2 Main Duties of the Post

a) To contribute to the delivery of clinical teaching of undergraduate students attending New Cross Hospital

b) To be familiar with the teaching objectives for the delivery of teaching in General Surgical specialities to Years 3, 4 and 5.

c) To contribute to the organisation of student examinations and assessments as necessary
d) To be familiar with the electronic curriculum and to be available to facilitate student’s self directed learning

e) To fulfil regular and *ad hoc* clinical sessions under the direction of the Department of Colorectal Surgery

f) To ensure that clinical practice is up to date and to undertake a programme of continued professional development.

g) To share responsibilities for data protection arising out of the use of computers

h) To comply with all relevant Trust policies and procedures

i) To participate in the middle grade on call rota, the on-call commitment is 1:9

1.3 **Teaching (Average 6 Sessions per week)**

The number of students attached to the surgical firms varies throughout the year. In the autumn and winter, there are a large number of 3\textsuperscript{rd} year students and during this time, the teaching fellow will devote a large proportion of their time to teaching different groups of 3\textsuperscript{rd} year students, helping them to achieve clearly defined learning objectives. The 5\textsuperscript{th} year students are attached to the surgical firms from July until the end of April. The teaching fellow will be expected to deliver one teaching session to the 5\textsuperscript{th} years students whilst they are on attachment. During the summer months (May and June, there are no students attached to the surgical firms and the teaching fellow will spend their time on clinical activities, covering holiday absences, work towards the Certificate of Medical Education and attending relevant operating sessions and outpatient clinics.

1.4 **Postgraduate Certificate of Medical Education**

The Education Fellow will be encouraged to undertake a Certificate of Medical Education while in post. The teaching experience obtained will go towards course work required. Funding will be provided for the course fees for the Certificate.

1.5 **Research, Audit and Clinical Governance**

The successful candidate is expected to participate in all aspects of clinical governance. Clinical audit is an established facet to the hospital’s work. The appointee is required to participate actively and will be encouraged to participate in audits of clinical practice and undergraduate teaching.

The post holder will ensure that all services are provided in an effective and efficient manner and that the principles of risk management and clinical governance are maintained at all times.

1.6 **Accountability**

The appointee will be professionally responsible to Mr J G Williams, Lead for Undergraduate Teaching (teaching commitment and clinical commitment), and managerially responsible to Mr I Badger, Clinical Director for General Surgery.
2.0 PRINCIPLE CLINICAL DUTIES AND RESPONSIBILITIES

The appointee will have a flexible out-patient clinic commitment in the colorectal clinics and in the operating theatres, covering colorectal and general surgical lists.

There will be a requirement for the appointee to be closely involved with colorectal in-patients on the specialty wards and any outlying patients who either fall under the care of the 5 Colorectal Consultants.

3.0 ON-CALL COMMITMENT

The appointee will have a variable on call commitment covering the middle grade general surgical emergency rota (currently 1:9). This will be negotiated with the Clinical Director and post supervisor.
4.0 PROPOSED EXAMPLE TIMETABLE (Undergraduates in Wolverhampton)

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Teaching 3rd Years</td>
<td>Teaching 3rd Years</td>
<td>Teaching 3rd Years</td>
<td>Teaching 3rd Years</td>
<td>Teaching 5th Years</td>
</tr>
<tr>
<td>PM</td>
<td>Colorectal Grand Round</td>
<td>Outpatients Mrs Elgaddal</td>
<td>½ day</td>
<td>Theatre Mrs Elgaddal</td>
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PROPOSED EXAMPLE TIMETABLE (No Undergraduates)

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Outpatient Clinic</td>
<td>Theatre D/C, Inpatient</td>
<td>Theatre or endoscopy</td>
<td>Theatre or day case list</td>
<td>Ward Work</td>
</tr>
<tr>
<td></td>
<td>Mr Williams</td>
<td>Mr Badger</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>Colorectal Grand Round</td>
<td>Outpatients Mrs Elgaddal</td>
<td>½ day</td>
<td>Theatre Mrs Elgaddal / Miss Soulsby</td>
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PERSON SPECIFICATION

PRINCIPAL TERMS & CONDITIONS FOR MEDICAL STAFF

- The appointment is a whole time appointment. The appointment will be to the Royal Wolverhampton NHS Trust.

- Applicants should, by the date of commencement, have registered with the General Medical Council.

- The appointment is subject to satisfactory health clearance and clearance by the Disclosure and Barring Service (Enhanced DBS).

- The appointed doctor accepts that he/she will perform duties in occasional emergencies and unforeseen circumstances at Consultant request, though juniors will not be required to undertake this work for prolonged periods on a regular basis.

- You are expected to cover the absence of colleagues on study and annual leave during the day time.

- The annual Leave entitlement is 27 days plus 8 bank holidays days per annum, pro rata for contracts of less than 12 months.

- Membership of the NHS Pension Scheme is voluntary. The scheme offers a wide range of benefits to members. Deductions of 6% are made from salary with a further contribution being paid by the Trust. This may be subject to change based on national guidance. Full details are available on request.

- The post holder will work in co-operation with colleagues to provide a service consistent with the aims and objectives of the Royal Wolverhampton NHS Trust.
• The post holder will abide by the general policies of the Royal Wolverhampton NHS Trust. Examples of these are policies relate to Safeguarding Children, Equal Opportunities, Health and Safety, Recruitment & Selection, Grievance and Disciplinary Policies and the Data Protection Act.

• The notice period for termination of employment is 1 months in writing from either side.

• The salary scale for this post is £29,705 to £46,708 per annum pro rata for contracts of less than 12 months.

• Payment for the on call commitment for this post equates to 50% of the base salary.

Person Specification

Key A = Application form  I = Interview

<table>
<thead>
<tr>
<th>Job Related Criteria</th>
<th>How measured</th>
<th>Weighting</th>
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<tbody>
<tr>
<td>Education, Qualification and Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Full GMC Registration (or eligible for)</td>
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<tr>
<td>2. MRCS</td>
<td>A</td>
<td>H</td>
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<tr>
<td>3. Training 2 years – ST lower level</td>
<td>A</td>
<td>H</td>
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<tr>
<td>4. ALS/ATLS or equivalent</td>
<td>A</td>
<td>M</td>
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<tr>
<td>5. Evidence of Audit</td>
<td>A, I</td>
<td>L</td>
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<tr>
<td></td>
<td>Evidence Based Medicine</td>
<td>A, I</td>
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<tr>
<td>7</td>
<td>Case Presentations</td>
<td>A, I</td>
</tr>
<tr>
<td>8</td>
<td>Appraisal</td>
<td>A, I</td>
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<tr>
<td>9</td>
<td>Previous teaching experience and a commitment to undergraduate education</td>
<td>A, I</td>
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</tbody>
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### Skills and Aptitudes

<table>
<thead>
<tr>
<th></th>
<th>Highly self motivated</th>
<th>A, I</th>
<th>H</th>
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<tbody>
<tr>
<td>2</td>
<td>Strong interpersonal skills</td>
<td>A, I</td>
<td>H</td>
</tr>
<tr>
<td>3</td>
<td>Excellent communications skills</td>
<td>A, I</td>
<td>H</td>
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<tr>
<td>4</td>
<td>Ability to work under pressure</td>
<td>A, I</td>
<td>H</td>
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<tr>
<td>5</td>
<td>Organisational ability</td>
<td>A, I</td>
<td>H</td>
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<tr>
<td>6</td>
<td>Flexible approach to work</td>
<td>A, I</td>
<td>H</td>
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<tr>
<td>7</td>
<td>Problem solving ability</td>
<td>I</td>
<td>M</td>
</tr>
<tr>
<td>8</td>
<td>Aptitude for research</td>
<td>A, I</td>
<td>M</td>
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