

**JOB DESCRIPTION**

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| **Job Title:** Research Fellow (0.8FTE) | **Present Grade:** 8 |
| **Department/College:** Lancaster Medical School | |
| **Directly responsible to:** Cliff Shelton (chief investigator and WP3 lead) | |
| **Supervisory responsibility for:** Research Associate (TBA) | |
| **Other contacts** | |
| **Internal:**  Lisa Ashmore (WP1 lead)  Jo Rycroft-Malone (WP4 lead)  Chris Gaffney  Hilary Stewart (Research fellow 0.2FTE)  Project staff: research associate and administrator | |
| **External:**  Andrea Partridge (PPI lead)  Andrew Smith (WP2 lead)  Staff at case study sites | |
| This post involves working as part of a team of researchers, clinicians and patient and public representatives to conduct the PARITY (Prehabilitation for Cancer Surgery: Quality and Inequality) study. This is an NIHR-funded study [NIHR134282] that will run until 31st March 2025.  In the setting of cancer surgery, prehabilitation can be described as ‘the practice of enhancing a patient’s functional capacity before surgery, with the aim of improving postoperative outcomes.’ Typically, prehabilitation focuses on physical activity, diet, and psychological support, alone or in combination. Numerous service models for prehabilitation exist. Some are implemented on a regional basis, but many are delivered in a targeted fashion to specific patients.  In recent years prehabilitation has become an accepted component of many cancer surgery pathways. However, its evidence base is variable and descriptions of prehabilitation interventions are often imprecise, making it difficult to translate research into practice and compare services. Patients’ views on how services are delivered vary, and little is known about what patients want from prehabilitation.  Because many prehabilitation interventions require engagement, time and access to facilities, they may not be acceptable or accessible to all. People from underserved and minority backgrounds often have worse health outcomes and prehabilitation has the potential to worsen these inequalities. This may stem from unequal access to exercise facilities, broadband internet, transport, and employment leave, for example.  The PARITY study aims to make a major contribution towards addressing the problems of variation and inequality in prehabilitation before cancer surgery. This will involve working with patients, carers and healthcare professionals to find ways to describe, measure and assess the quality of services. We will map these criteria on a national scale and identify and share best practice examples of how services are developed, funded, and delivered, as well as ways to address health inequalities.  The successful candidate will be involved in the two remaining work packages of this project:   * **WP3 - Case studies:** using the data from a national mapping exercise (already complete) we will sample services for in-depth analysis using case study methodology, including documentary analysis, interviews with patients, carers, and staff, and observations of practice. The topic guides for interviews and observations will be developed using the Promoting Action on Research Implementation in Health Services (PARIHS) framework and will incorporate the criteria developed in WP1. This will allow us to identify areas of best practice, including how inequalities are addressed, as well as understanding the contextual factors which make services ‘work’. * **WP4 - Informing policy and practice:** We will integrate dissemination throughout the project, using both traditional (e.g., publication) and non-traditional (e.g., social media) techniques to inform and engage stakeholders. We will recruit a multidisciplinary reference group of professionals, system leaders and PPI representatives who will assist with dissemination and knowledge mobilisation, including by participating in the development of best practice principles drawing on the results of the project, using a modified nominal group process.   **Major Duties:**   1. Responsibility for achieving participant recruitment, data collection and analysis for WP3 as outlined above. 2. Supporting the work in WP4, for example through co-authoring publications and reports, preparing and presenting talks and poster presentations, and developing online resources. 3. Responsibility for establishing and maintaining the necessary groups to oversee the study and take responsibility as appropriate for organising regular meetings of these groups. 4. Participation in project meetings. 5. Supporting the preparation of progress reports for NIHR describing the process and results of the project. 6. Travel to clinical study sites (likely to involve all nations of the United Kingdom – travel and accommodation expenses will be remunerated) 7. Participation in national and international conferences and workshops to present the results of the project to a wider audience and to learn about current advances in the field. 8. Maintain accurate and detailed research records. 9. Comply and assist with all project data validation, auditing and quality requirements. 10. Carry out administrative roles for the project in collaboration with the project manager. 11. Assist in obtaining research ethical and governance approvals. 12. Participation in writing new research proposals that build on the expertise developed from this project. | |