



STARSURG NEWSLETTER

JULY 2024

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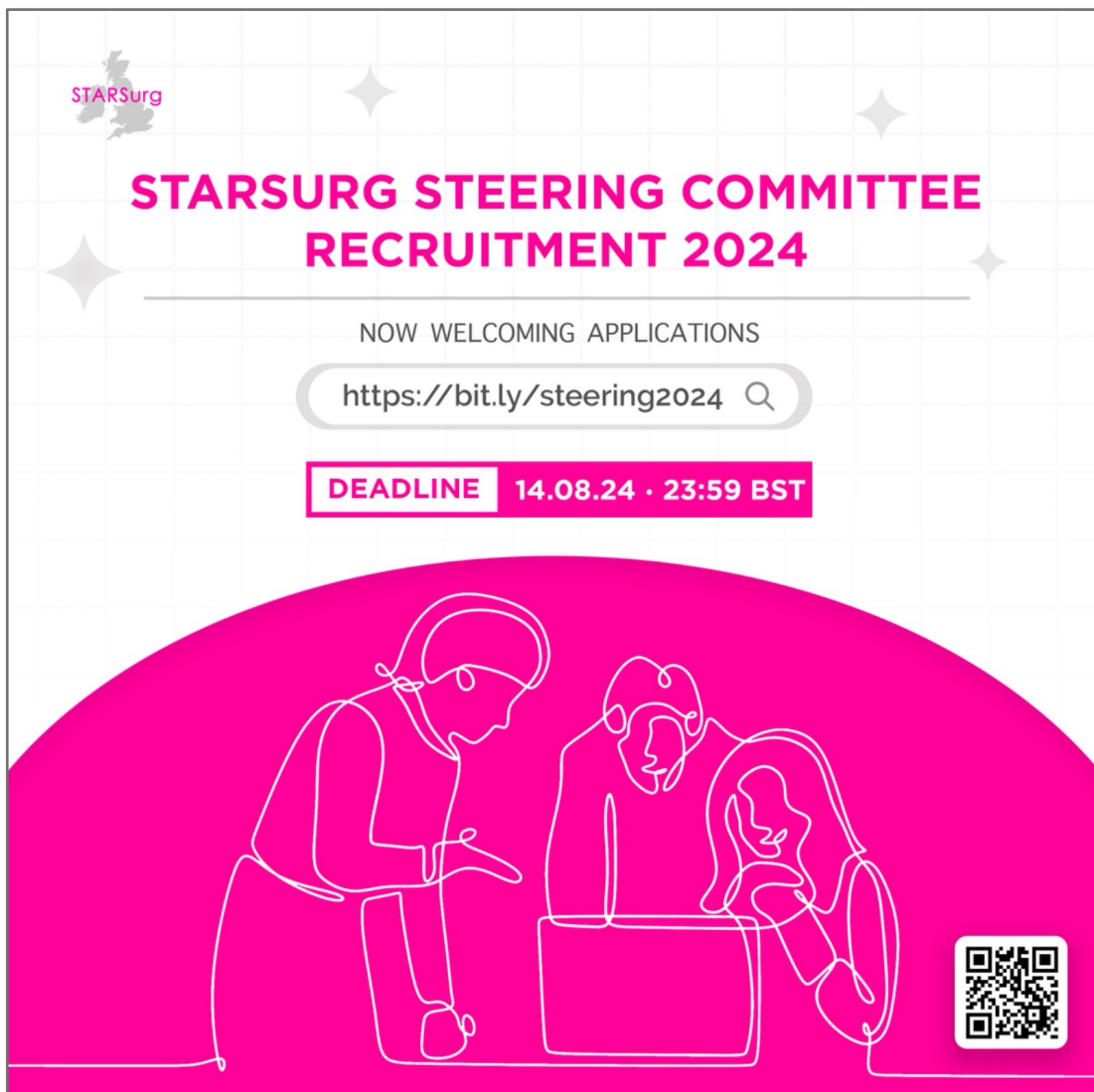
Central STARSurg Updates

STARSurg Steering Committee Recruitment 2024

STARSurg welcomes applications from non-final-year medical students in the UK/ROI to join its national Steering Committee. We are a student-led academic surgery collaborative which delivers multicentre surgical research studies. Joining the STARSurg Steering Committee is a fantastic opportunity for medical students interested in surgical research. Many of our Steering Committee members have gone on to obtain Specialised Foundation Programme jobs and Academic Clinical Fellowships.

Applications will be triple marked and shortlisted candidates will be interviewed virtually. Only candidates not entering their final year of study at a UK/ROI medical school in 2024/25 are eligible to apply. Submit your application [here](#). The deadline for applying is **August 14th, 2024**.

Please familiarise yourself with the [role description and person specification](#) before applying. For more information on STARSurg, including our past projects, please visit www.starsurg.org and follow us on [Twitter](#). If you require any further information, please contact us at starsurguk@gmail.com.



The poster features a grid background with pink stars. At the top left is the STARSurg logo with a map of the UK. The main title is 'STARSURG STEERING COMMITTEE RECRUITMENT 2024' in large pink letters. Below it, it says 'NOW WELCOMING APPLICATIONS' and provides a link 'https://bit.ly/steering2024' with a magnifying glass icon. A pink box highlights the 'DEADLINE 14.08.24 · 23:59 BST'. The bottom section has a pink semi-circle containing a white line-art illustration of three people (two men and one woman) gathered around a laptop, and a QR code in the bottom right corner.

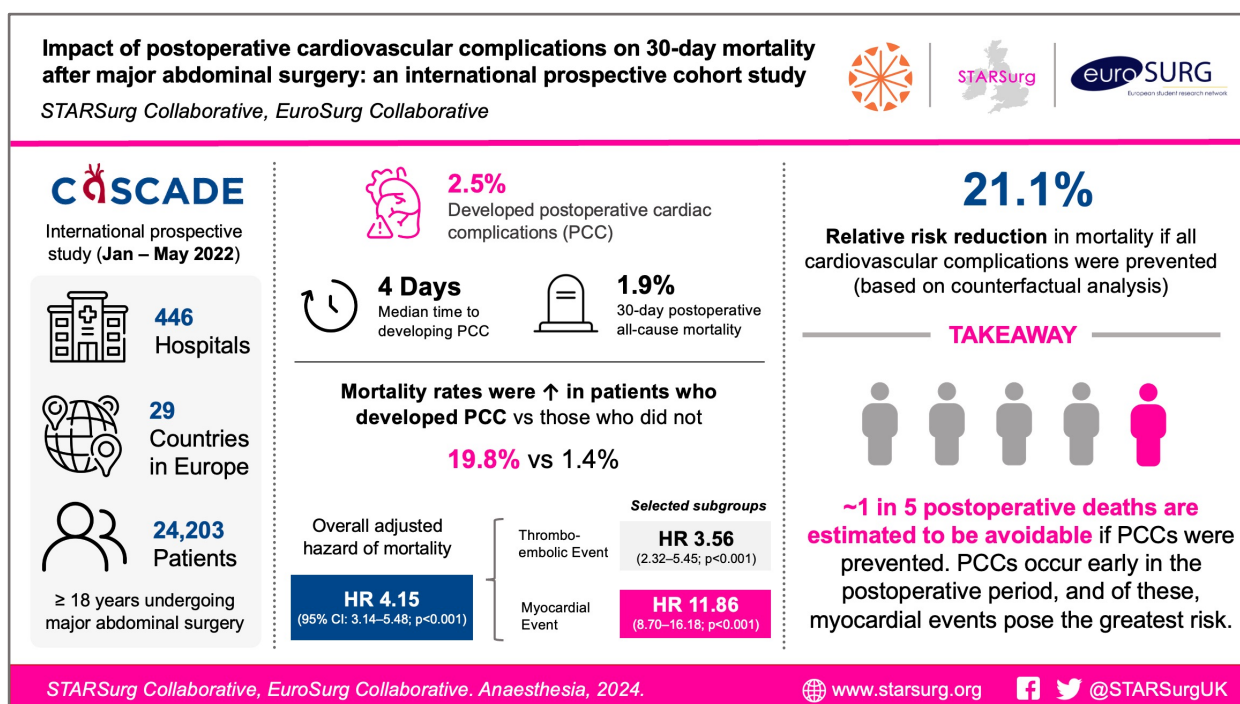
Central STARSurg Updates

CASCADE – Papers on cardiovascular complications and multimorbidity

In 2021/22, in collaboration with EuroSurg, STARSurg delivered CASCADE – an international prospective cohort study of postoperative cardiovascular complications following major abdominal surgery. CASCADE included over 24,000 patients admitted to 446 hospitals in 29 countries in Europe. We are very grateful to the over 4,900 collaborators who contributed to this work.

We are pleased to share our first two publications from CASCADE, both published in *Anaesthesia*. The [first paper](#) (visual abstract below) described the impact of postoperative cardiovascular complications on 30-day mortality. In our cohort, 2.5% of patients developed cardiovascular complications, most commonly atrial fibrillation, pulmonary embolism or myocardial infarction. In total, 1.9% of patients died within 30 days of surgery and 27% of deaths were cardiac-related. Cardiovascular complications were associated with an increased risk of mortality (adjusted OR 4.15, 95% CI 3.14–5.48). Preventing cardiovascular complications would have been associated with a 21% relative risk reduction in mortality. These findings highlight an important area for future randomised trials in perioperative care. You can watch a discussion on the paper with the Journal [here](#).

The [second paper](#) focused on the association between multimorbidity and 30-day mortality following surgery. In this work, 29% of patients had one long-term health condition and 44% of patients had two or more long-term conditions (multimorbidity). Patients with multimorbidity had higher mortality within 30 days of surgery (adjusted OR 2.22, 95% CI 1.35–3.64). Frailty and raised ASA scores mediated 37% of 30-day mortality in patients with multimorbidity. This work highlights multimorbidity as a key perioperative challenge which requires system-wide solutions. You can watch a discussion on the paper with the Journal [here](#).

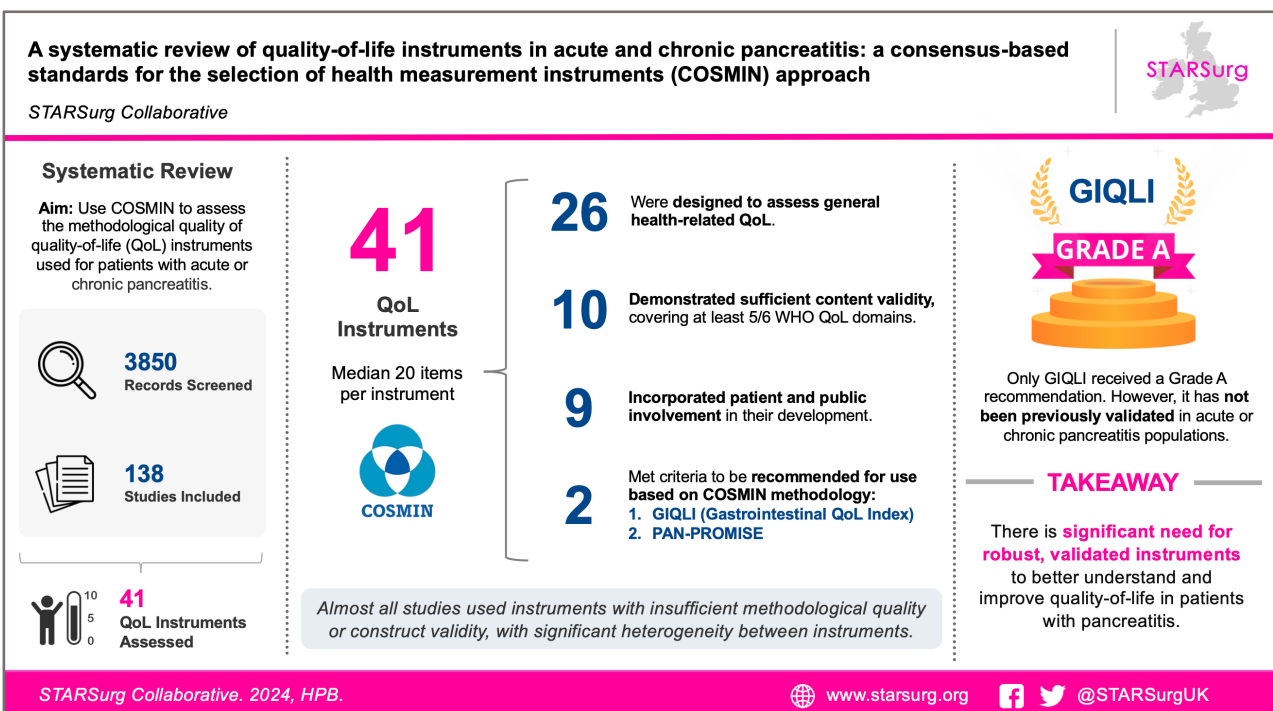


Central STARSurg Updates

Quality-of-life instruments in acute and chronic pancreatitis: a COSMIN approach

We recently published a paper entitled [Quality-of-life instruments in acute and chronic pancreatitis: a consensus-based standards for the selection of health measurement instruments \(COSMIN\) approach](#) in *HPB*. Using COSMIN methodology, we found that there is significant heterogeneity in instruments used to assess quality-of-life in patients with pancreatitis, with almost all instruments considered insufficient. We hope to incorporate these findings into a future study called SCORPION.

You can read our thread on X [here](#).



A model to estimate the risk of postoperative pulmonary complications

In collaboration with STARSurg, the NIHR Global Health Research Group on Global Surgery published an article entitled [A prognostic model for use before elective surgery to estimate the risk of postoperative pulmonary complications](#) in *The Lancet Digital Health*. Along with other international datasets, this work used data from RECON, a study on postoperative pulmonary complications which was led by STARSurg in 2019.

This work developed a prognostic risk score for postoperative pulmonary complications using variables available to clinicians when making decisions for elective surgery. The model was able to accurately stratify patients' risk of developing a pulmonary complication following surgery. This work could help inform surgical decision making and health resource allocation.

Central STARSurg Updates

Response to changes in Specialised Foundation Programme recruitment

Moritz Steinruecke, Daoud Chaudhry, Setthasorn Ooi, Balamrit Singh Sokhal, Yousif Aldabbagh, Amanda Godoi, Luke Matthey, Louise Ko, STARSurg Collaborative

The Specialised Foundation Programme (SFP) provides Foundation doctors with protected time for academic work and acts as an entry point into clinical-academic training.¹ Candidates have traditionally been selected based on their academic achievements, motivations for pursuing the SFP, and performance in clinical and academic interviews. In February, the UK Foundation Programme Office (UKFPO) announced that, starting with the 2025 intake, the SFP will be integrated into the Foundation Programme's Preference Informed Allocation (PIA) process, which allocates jobs using a computer-generated ranking system.² More than 30 senior academic clinicians have since co-signed a correspondence opposing this decision.³

We are deeply concerned about the potential adverse effects of this change on the future of clinical academia in the NHS. First, we emphasise the importance of academic clinicians in modern healthcare – patients have increasingly complex health needs, many new treatments are being developed, and advances in basic science are waiting to be translated into clinical practice. Reports from the House of Lords Science and Technology Committee and The Academy of Medical Sciences show that medical research delivers major economic and clinical benefits. However, the percentage of NHS Consultants who hold academic positions decreased from 7.5% in 2004 to 4.2% in 2017.^{4,5} Now, there are over 1,000 academic clinicians over the age of 55 in the NHS but only about 750 between the ages of 35 and 45.⁶

Addressing these challenges starts with acknowledging that effectively combining research with clinical medicine requires a unique skill set. Developing these skills requires aspiring academic clinicians to focus on research quality over quantity and be able to plan long-term career paths. However, in many cases, misaligned incentive structures lead medical students to focus on short-term outputs rather than deep academic interests. The SFP has been in a unique position to help change this, so it is particularly disappointing to see this opportunity missed. In the previous allocation model, Foundation Schools had the flexibility to set their own selection criteria and interview stations, and applicants had the opportunity to apply to centres of excellence in their fields of interest. Randomly allocating SFP jobs removes these tangible benefits and misses the opportunity to select ideal candidates for clinical-academic careers.

We recognise that previous application models had attainment biases, particularly affecting medical students less able to obtain additional degrees and conduct (often unpaid) research. However, incorporating the SFP into PIA does not address these underlying inequalities and threatens to exacerbate the challenges associated with diversity in the clinical-academic pipeline.⁷ Developing more holistic selection criteria, increasing SFP training numbers, and increasing funding for intercalated degrees and student research projects would have been more positive changes to support widening access.

Central STARSurg Updates

Response to changes in Specialised Foundation Programme recruitment

We write this piece as Steering Committee members of STARSurg, a national, student-led academic surgery collaborative which delivers multicentre surgical research studies. Our initiative, alongside similar collaborative groups, has made high-quality clinical research opportunities widely accessible to medical students, with an emphasis on methodology and data collection. The expanding landscape of these student-led initiatives underscores the unique enthusiasm for clinical research among medical students in the UK. Through our experience in this space, we have observed that medical school is often a pivotal period during which aspiring academic clinicians cultivate their research interests.

Historically, the SFP has played a vital role in shaping students' academic goals. The shift away from merit-based allocation introduces significant job uncertainty which risks discouraging medical student engagement with and commitment to local and national research efforts. Nonetheless, in the face of these changes, we strongly encourage medical students to remain optimistic and continue participating in high-quality research initiatives. Doing so will help them develop foundational research skills and give rise to future clinical-academic training opportunities.

On the background of a struggling clinical-academic pipeline, it is incumbent upon medical schools and academic bodies to place greater emphasis on research quality, methodology, and academic skills. This will help promote identifying individuals with an aptitude for academic medicine over the gamification of points-based application systems which is currently widespread. Now, the UKFPO must engage stakeholders with academic experience, such as the Medical Research Council and National Institute for Health and Care Research, in future decisions around the SFP. This will ensure that the long-term implications of these decisions on the clinical-academic landscape are considered. We hope to be part of an NHS where high-quality translational and clinical research is integrated into patient care – this begins with incentivising aspiring academic clinicians to make long-term investments in their academic futures and rewarding those who do so successfully.

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Central STARSurg Updates

CLARITY – randomised trial of an education package to improve care in RIF pain



Building upon the methodological framework established by [EAGLE](#), STARSurg, in collaboration with the West Midlands Research Collaborative (WMRC), has launched [CLARITY](#), a cluster-randomised controlled trial of a surgical education package to improve patient care in acute appendicitis. Specifically, CLARITY aims to reduce unnecessary admissions, surgeries, and complications for patients with right iliac fossa pain. The intervention consists of an evidence-based online education programme, an implementation checklist and local implementation strategies. This marks a significant step for STARSurg since it is our first project to involve medical students in a randomised controlled trial.

CLARITY has been successfully launched at ten pilot sites in the UK. [STARSurg Regional Leads](#) at these sites will help deliver the study, including through data collection. Over the next four months, this preliminary phase will assess the feasibility and effectiveness of our surgical education package. The learning points from this phase will be used to improve the intervention before wider implementation. From September 2024, the trial aims to include 60 hospitals across the UK, with an enrolment target of approximately 3,000 patients.

APOLLO – acute presentations of colorectal cancer



Continuing our longstanding partnership with EuroSurg, in 2022/23, STARSurg delivered the UK and ROI arm of APOLLO – an international cohort study of acute presentations of colorectal cancer. The study included more than 2,000 patients admitted to 216 hospitals in 39 countries globally. Early data from the study was presented at the European Society of Coloproctology Scientific Conference in Vilnius, Lithuania. The following analyses are underway:

- **Paper 1:** Global variation in emergency presentations and management of patients with colorectal cancer: a prospective snapshot.
- **Paper 2:** Endoscopic stenting for patients presenting acutely with obstructing left-sided colorectal cancer: a secondary analysis of the APOLLO study.
- **Paper 3:** Days alive and out of hospital in palliative colorectal cancer patients after acute management: a secondary analysis of the APOLLO study.

Thank you to our many collaborators who contributed to this work. We look forward to submitting our first paper within the next couple of months and hope to update you with good news on our social media platforms.

Upcoming Opportunities



Surgical Writing and Evidence Practice – Postgraduate Certificate (PgCert)


BJS Institute and The University of Edinburgh are delivering a new online PgCert in Surgical Writing and Evidence Practice. Find out more [here](#).

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Upcoming Opportunities



Benefits to our members

As part of our strategic partnership with BJS Society, **STARSurg collaborators have access to a range of exciting benefits & opportunities from BJS** for a minimal annual subscription (£10, €11)! This includes:

1. Online subscription to the BJS journals:

- This will provide full access to all papers across the BJS journals!

2. Access to the upcoming BJS Academy content:

- BJS Academy aims to support the development of current and aspiring surgeons worldwide by championing research and collaboration.
- There will be a huge variety of resources to enhance understanding and conduct of cutting-edge surgical research, including access to recordings of national and international conferences!

3. Membership of the Young BJS initiative:

- This is a growing community of early-career researchers who are interested in surgical academia, with opportunities for mentorship by the BJS editorial team!

You can access these benefits by signing up here:

bit.ly/starsurgbjs

We're looking forward to working with BJS Society over the coming year to make these opportunities as useful as possible to our medical student and junior doctor members!

Upcoming Opportunities

RCSEd – Online learning material!



Introduction to Humanitarian Healthcare Online Course

The Faculty of Remote, Rural and Humanitarian Healthcare (FRRHH) is an organisation dedicated to supporting the professional development of remote, rural and humanitarian healthcare professionals. The Faculty are currently offering free access to their Introduction to Humanitarian Healthcare online course.

This course was developed in partnership with [UK-Med](#) with the purpose to help those interested in humanitarian healthcare make an informed decision about whether they wish to pursue a career in the field. The course explores the key elements and agencies in humanitarian healthcare, as well as how clinical skills can best be adapted for the environment.

Previously valued at £300, this course **has now been made freely available**, requiring only an account with RCSEd. If you do not have an account, please create one [here](#). The course features a range of additional resources and completion of the course awards CPD points.

Register for course access [here](#).



Future Surgeons: Key Skills

This one-day course was designed to address the lack of structured basic surgical skills training courses for medical students intending to follow a career in surgery. It aims to introduce participants to these safe, basic surgical techniques that are common to all surgical practices.

Date: 27th Sep 2024 (Edinburgh) | **Cost:** £110.00 (£99 if RCSEd affiliate member)

Find out more [here](#).



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