Curriculum Vitae

Access template CV for other staff here.

Title:	Forename/Initials	Surname
Prof	Simon	Thomas

Present appointment: *(Job title, department, and organisation.)*
Professor of clinical pharmacology and therapeutics

Start date for present appointment:
September 1996

Address: *(Full work address.)*
Medical Toxicology Centre

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Qualifications:
BSc (2, i) Biochemistry, 1978 (London University); MBBS (London University), 1981; MRCP (UK), 1984; MD (London University),1991; FRCP 2000, FRCP(Edin) 2003.

Professional registration: *(Name of body, registration number and date of registration.)*
GMC 2732037, Full registration August 1982

Previous and other appointments: *(Include previous appointments in the last 5 years and other current appointments.)*
Medical Director, Regional Drug & Therapeutics Centre, Newcastle
Director, National Poisons Information Service, Newcastle
Director, UK National Teratology Information Service.

Research experience: *(Summary of research experience, including the extent of your involvement. Refer to any specific clinical or research experience relevant to the current application.)*
Extensive research experience as PI in (a) clinical trials (hypertension, atrial fibrillation, cardiovascular risk) with >1000 patient enrolled (b) epidemiological research in drug safety and toxicology (case control studies, cohort studies etc) (c) translational research in clinical pharmacology (d) healthy volunteer studies and (e) genetic research as applied to drug safety. * years experience of research ethics committees including 5 years as MREC chairman. Current research and research training funding from Wellcome trust, NIHR, European Union (FP7), Home Office Science and Technology Programme.

Research training: *(Details of any relevant training in the design or conduct of research, for example in the Clinical Trials Regulations, Good Clinical Practice or other training appropriate to non-clinical research. Give the date of the training.)*
Training in research methods, clinical trial regulations, EU clinical trials directive, research governance consent and GCP. Has acted as a trainer on all these topics
Last GCP training 6th January 2014

Relevant publications: *(Give references to all publications in the last two years plus other publications relevant to the current application.)*

Hill SL, Thomas SHL. Clinical toxicology of newer recreational drugs. Clinical Toxicology 2011; 49: 705-19

James D, Adams R, Spears R, Cooper G, Lupton DJ, Thompson JP, Thomas SHL. Clinical characteristics of mephedrone toxicity reported to the UK National Poisons Information Service. Emerg Med J 2011; 28: 686-9.

Thanacoody HKR, Gray A, Dear JW, Coyle J, Sandilands EA, Webb DJ, Lewis S, Eddleston M, Thomas SHL, Bateman DN. Scottish and Newcastle Antiemetic Pre-treatment for Paracetamol Poisoning Study (SNAP). A randomised controlled trial to assess the effectiveness of pre-treatment with ondansetron in reducing nausea and vomiting in patients treated with the conventional regimen or a modified regimen of acetylcysteine for paracetamol poisoning. BMC Pharmacology and Toxicology 2013; 14: 20

Hill SL, Harbon S, Coulson J, Thompson J, Jackson G, Lupton DJ, Eddleston M,3 Vale A, Thomas SH. Methoxetamine toxicity reported to the National Poisons Information Service: clinical characteristics and patterns of enquiries (including the period of the introduction of the UK's first Temporary Class Drug Order). Emergency Medical Journal 2014; 31: 45-7

Acheampong P, Cooper G, Khazaeli B, Lupton DJ, White S, May MT, Thomas SHL. Effects of MHRA drug safety advice on time trends in prescribing volume and indices of clinical toxicity for quinine. Brit J Clin Pharmacol 2013; 76: 973-9

Hill SL, Doris T, Gurung S, Katebe S, Lomas A, Dunn M, Blain P, Thomas SHL. Severe clinical toxicity associated with analytically confirmed recreational use of 25I–NBOMe: case series. Clinical Toxicology 2013; 51: 487-92

Bateman DN, Dear JW, Thanacoody HK, Thomas SHL, Eddleston M, Sandilands EA, Coyle J, Cooper JG, Rodriguez A, Butcher I, Lewis SC, Vliegenthart AD, Veiraiah A, Webb DJ, Gray A. Reduction of adverse effects from intravenous acetylcysteine treatment for paracetamol poisoning: a randomised controlled trial. Lancet. 2014; 383: 697-704

Williams H, Jones S, Wood K, Scott RA, Eddleston M, Thomas SH, Thompson JP, Vale JA. Reported toxicity in 1486 liquid detergent capsule exposures to the UK National Poisons Information Service 2009-2012, including their ophthalmic and CNS effects. Clin Toxicol (Phila). 2014; 52: 136-40

Dunstan HJ, Mill AC, Stephens S, Yates LM, Thomas SHL. Pregnancy outcome following maternal use of zanamivir or oseltamivir during the 2009 influenza A/H1N1 pandemic: a national prospective surveillance study. Brit J Obstet Gynae 2014 (in press) DOI:10.1111/1471-0528.12640.

Kamour A, James D, Spears R, Cooper G, Lupton DJ, Eddleston M, Thompson JP, Vale AJ, Thanacoody HK, Hill SL, Thomas SH. Patterns of presentation and clinical toxicity after reported use of alpha methyltryptamine in the United Kingdom. A report from the UK National Poisons Information Service. Clin Toxicol (Phila). 2014 Mar;52(3):192-7

Bateman DN, Carroll R, Pettie J, et al. Effect of the UK's Revised Paracetamol Poisoning Management Guidelines on Admissions, Adverse Reactions, and Costs of Treatment. Brit J Clin Pharm 2014; DOI: 10.1111/bcp.12362

Perry L, Adams RD, Bennett A, Lupton DJ, Jackson G, Good AM, Thomas SH, Vale JA, Thompson J, Bateman DN, Eddleston M. National toxicovigilance for pesticide exposures resulting in healthcare contact - an example from the UK's National Poisons Information Service. Clinical Toxicology 2014; 52: 549-55

Kamour A, Gwynnette G, George N, Cooper G, Lupton D, Eddleston M, Thompson J, Vale JA, Harry Thanacoody HKR, Hill S, Thomas SHL. Increasing frequency of severe clinical toxicity after use of 2,4 dinitrophenol in the United Kingdom. A report from the National Poisons Information Service. Emergency Medical Journal 2014; doi:10.1136/emermed-2013-203335

Bateman DN, Dear JW, Carroll R, et al. Impact of reducing the threshold for acetylcysteine treatment in acute paracetamol poisoning. The recent United Kingdom experience. Clinical Toxicology 2014; in press

Hill SL, Thomas SHL, Flecknell PA, Thomas AA, Morris CM, Henderson D, Dunn M, Blain PG. Emerg Med J 2014. Rapid and equivalent systemic bioavailability of the antidotes HI-6 and dicobalt edetate via the intraosseous and intravenous routes. Emergency Medical Journal 2014; publiushed online – doi: 10.1136/emermed-2014-204171

Signature: _____ Date: _____