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# Role models in academic medicine

A report by the Health Policy and Economic  
Research Unit

December 2005



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# Foreword

This report on medical academic role models has been produced by the BMA in response to the debate which has taken place over the last few years-that there is a recruitment and retention crisis in academic medicine.

There have been many reports published examining the reasons for this crisis and recommending what needs to be done. Many of the reasons are infrastructural and financial and these, I believe, are in the process of being addressed-not least through improved contracts and more structured and supported training and career programmes. Now, perhaps more than ever, is a good time to consider a medical academic career.

In the discussions that have taken place on the state of academic medicine, one of the recurring themes is that in order to inspire the next generation of medical academic staff, more visible academic role models are needed. This report is being published to put some examples of 'role models' clearly in the public domain.

The academic staff in this report were all nominated by their peers and colleagues for being inspirational. We wanted to highlight staff from a range of backgrounds, who were at different stages in their careers, but who all have had a positive impact on others and are passionate about what they do.

This report will show that there is a wide range of career options available in academic medicine and will underline the satisfaction that can be gained from pursuing research and teaching the next generation of doctors. Hopefully it will inspire you! If after reading this report you feel that you would enjoy working in academic medicine, speak to your medical school or deanery about what opportunities are available and please feel free to contact the MASC office or myself-if these do not seem immediately suitable, why not put forward your own proposal?

Making this choice might occur at any time in a medical career and although it is easier to do so earlier in a career, as a latecomer to academic medicine myself I would say that there are a number of possibilities to make a positive choice for academic medicine.



Professor Michael Rees

Chairman

Medical Academic Staff Committee

# Introduction

Through this report, the BMA's Medical academic staff committee (MASC) is keen to highlight some examples of role models in academic medicine complementing the recent work that has been done in respect of academic contracts, training and careers. Disincentives to an academic career are gradually being removed and we hope that a publication such as this will further encourage those doctors with an interest in teaching and/or research to actively investigate the academic career options open to them. The role models in this report have been selected to show the diversity of activity being done by medical academic staff, but they share a common thread of having inspired others through their approach to their work. We hope that through this report they will inspire even more people.

Inspirational role models will have a variety of characteristics: they may be excellent teachers and communicators who inspire young minds; scientific researchers of international repute; those pursuing small research projects alongside NHS commitments which are of direct benefit to local communities; people who have forged successful careers against the odds; those starting out on an academic trajectory and so on. We hope that this report will emphasise that there is no single 'right' way to a successful academic career and that choosing an academic path can be extremely rewarding for doctors with a range of different strengths and abilities. The aim of this report is to inform and encourage medical students, doctors in training and others, who may be considering a career in academic medicine, to speak to someone about taking forward their ideas.

## Methodology

During the summer, nominations were invited from clinical academics and research staff to identify medical academic staff who were inspirational and who would demonstrate the qualities required of a role model. The response to our call was overwhelming and we received in excess of 100 nominations. After a rigorous and lengthy selection process, we shortlisted 29 nominations who not only exemplify the characteristics of a role model, but who also have made significant achievements in their field, often against the odds, and provide inspiration to future medical academics. This report illustrates the career paths and achievements of these role models.

## Role models in medicine

Role models are people we can identify with, who have qualities we would like to have and are in positions we would like to reach.<sup>1</sup> The attributes of medical role models might include a positive attitude towards junior colleagues, compassion for patients or integrity. Clinical competence and enthusiasm for their subject are also important. Role models may possess one or all of the following characteristics: inspire by their example and conduct, be highly skilled and knowledgeable, have a broad perspective on life, be well versed both in the art and science of medicine and have the necessary self-respect to gain respect from others.

The need for appropriate role models in all areas of medicine is imperative. Good role models will inspire, teach by example, and stimulate admiration and emulation. Medical schools have traditionally depended on good role models as part of an informal curriculum of medical professionalism and in this way, professional values, attitudes and behaviours have been passed on. Role models influence the career choices of medical students and doctors in training. Recent research<sup>2</sup> suggests that role modelling is an integral component of medical education and that role models affect the attitudes, behaviours and ethics of young doctors and medical students. Personal qualities, teaching skills and clinical competence are seen as being critical variables in the choice of role models.<sup>3</sup> Personal qualities include interpersonal skills, a positive outlook, a commitment to excellence and growth, integrity and leadership qualities. Teaching qualities include establishing a rapport with and being committed to the growth of learners.

The development of role models should be fostered and encouraged. Recognition of the value of role models must be acknowledged and their achievements and career paths highlighted. The distinction between role models and mentors should be recognised. While mentoring is seen as an ongoing process over time in which the mentor is actively engaged in guiding their junior colleague, role modelling is not necessarily interactive and any single role model may impact on a large number of individuals. Nevertheless, both are crucial and aim to provide the best opportunities for young colleagues to realise their full potential. Both role models and mentors inspire and educate based on their own experience, wisdom and willingness to help colleagues.

Academic medicine in the UK faces immediate recruitment and retention problems. The key aim must be to attract more clinical academic and research staff, by making the academic career path more attractive and achievable. In this context, role models are vital. Success in academic medicine, not only depends on intellect and a strong clinical and research background, but also on making the right career choices. The wide range of career options in academic medicine, means that making the right decision is often crucial. The value and importance of mentoring and role models for women working in academic medicine, in particular, has been highlighted, because they often feel isolated and part of a fragmented group.<sup>4</sup> The following doctors have been nominated by their peers as role models in academic medicine and exhibit many of the qualities listed above.

- 1 Paice E, Heard S & Moss F (2002) How important are role models in making good doctors? *BMJ* **325**:707-10.
- 2 Wright SM & Carrese JA (2002) Excellence in role modelling: insight and perspectives from the pros, *Canadian Medical Association Journal* **167**: 6.
- 3 Paukert JL & Richards BF (2000) How medical students and residents describe the roles and characteristics of their influential clinical teachers. *Academic Medicine* **64**: 622-9.
- 4 Health Policy and Economic Research Unit (2004) *Women in academic medicine: challenges and issues*. London: BMA.



**Name:**  
Dr Alison Carr

**Specialty:**  
Anaesthesia, with an interest in paediatrics

**Current position:**  
Deputy Postgraduate Dean,  
South West Peninsula Postgraduate Deanery  
and Consultant Anaesthetist, Derriford Hospital.

### Reason for nomination

Alison is your ultimate worklife balance woman, always able to find the time to fit another enormous project in, only just becoming the deputy postgraduate dean with its associated workload not to mention her clinical work, chair of her own charity, multiple regional and national committees to mention only a **few** jobs. As a role model Alison can only inspire those who want to achieve in the most extraordinary way. Her peers and juniors tell me they marvel at what she is able to do in a day! Alison does not come from a particularly privileged background yet her work ethic is a true reflection of this lady; she plays and works hard not wasting a moment.

### Nominee's response

Completely surprised!

### Career path

I trained at Barts (MBBS 1985) and chose to pursue a career in anaesthesia, with a specific interest in paediatric anaesthesia. Consequently I did training posts in anaesthesia, paediatrics and paediatric anaesthesia. I became a consultant with an interest in paediatrics in Derriford Hospital, Plymouth in 1997.

I have had a long standing interest in education and training. Appointed as college tutor in anaesthesia in our busy directorate in 2000, I realised that I wished to move into a post that would allow me to spend part of my week in medical education. In my own specialty, I became education director of the South West School, responsible for the fellowship programme and study days for post-fellowship trainees.

I have been very fortunate in that we have a new medical school in Devon and Cornwall, the Peninsula Medical School. I have spent three years working part-time for the Peninsula Medical School as director of phase 2 (curriculum) and year 5 (curriculum) developing the curriculum Peninsula wide for years 3 to 5. This exciting post allowed me to work with core teachers, medical educators and clinicians in almost all specialties across the Peninsula. Our medical students have only just entered year 4, however, the curriculum for year 3 was evaluated highly by students, staff and the GMC.

In April 2005, the new South West Peninsula Postgraduate Deanery was established in Plymouth. I am now employed part-time as deputy postgraduate dean, with responsibility for higher specialist training across the Peninsula. Over the next two years I will be working with my colleagues in the Trust to successfully implement the run-through grade. I continue to work as a Consultant Anaesthetist on a part-time basis. I am very lucky to be in the position to have a full-time job split between being a consultant anaesthetist and working in our new deanery.

### Advice to someone interested in academic medicine as a career

My career is not typical of a doctor in academic medicine since I spend my academic time organising the delivery of medical education rather than working as a researcher.

For any doctor interested in pursuing an interest in medical education, I would suggest at their earliest opportunity they work towards a masters qualification in education. These courses are now widely available and are achievable with some dedication, as a trainee. I also suggest that trainees interested in medical education express their interest to the clinical educators they come into contact with, eg, consultants organising teaching programmes, college tutors, regional advisers and programme directors, all of whom are very accessible to trainees. Expressing an interest in medical education at an early stage in training to these individuals may open many opportunities, eg, to provide support for courses, support for the trainee to pursue their own education and opportunities for research projects in medical education.

*'Expressing an interest in medical education at an early stage in training to these individuals may open many opportunities.'*



**Name:**  
Mr Ian Chetter

**Specialty:**  
Vascular surgery

**Current position:**  
Senior Lecturer, Academic Vascular Surgical Unit,  
Hull University

### Reason for nomination

Enthusiastic, highly motivated and motivational, rapid progressor and very ambitious.

### Nominee's response

Extremely flattered!

### Career path

I qualified from Leeds Medical School in 1990, before undertaking pre-registration training and basic surgical training in Leeds. I undertook an MD thesis analysing outcome measures, clinical and cost effectiveness in the management of lower limb ischaemia supervised by Professor RC Kester and Professor Julian Scott funded by a Northern and Yorkshire Research Fellowship. This resulted in a Hunterian Professorship from the Royal College of Surgeons of England. Higher Surgical Training in the Yorkshire region included 2 years as Clinical Lecturer to the Academic Vascular Surgical Unit in Hull with Professor Peter McCollum. A Vascular Fellowship supported by the Ethicon and Peter Clifford Foundations took me to Professor Robert Fitridge's Vascular Unit at the Queen Elizabeth Hospital, Adelaide, Australia. When I returned from Australia, I took up my present post as Clinical Senior Lecturer in Vascular Surgery, Academic Vascular Surgical Unit, Hull.

### Advice to someone interested in academic medicine as a career

Find a role model; there are many different characters in academic medicine. Choose one who you admire, analyse why and try to adopt these traits, eg, supportive, encouragement, understanding, intellectual prowess.

Never stop learning; try to learn something from every encounter. Whether this is writing a case report on a firm where you are a trainee, or doing a formal course, eg, post graduate certificate/diploma/degree.

Ask advice; always obtain as many opinions as possible regarding important career decisions – but don't forget your own opinion on what is right for you is probably the most important.

Work hard and stay positive; sorry, but there are generally no shortcuts in academic medicine – you simply have to spend the time writing grants, abstracts, papers.

Try to form working relationships; encourage interdisciplinary projects.

Believe in yourself and your ideas; if you don't no one else will.

Enjoy it; if you don't there's no point doing it.

*'Always obtain as many opinions as possible regarding important career decisions – but don't forget your own opinion on what is right for you is probably the most important.'*

**Name:**

Dr Simon Conroy

**Specialty:**

Geriatrics and general internal medicine

**Current position:**

Clinical Lecturer, Medicine of older people,  
University of Nottingham

**Reason for nomination**

Simon demonstrates the features needed to become a top class clinical academic. He has shown extraordinary promise and early success. Others wishing to consider a career in clinical research could benefit from his example and advice.

Simon is similar to good non-academic SpRs, in terms of being clinically conscientious and skilled, but he differs in terms of aspiration, innovation, enthusiasm and dedication. Instead of seeing SpR training as the limit of his required achievements, and the acquisition of a CCST, he has a keen interest in learning about and delivering innovation in teaching, learning about and innovating through research and innovation in service delivery. He is studying for teaching qualifications and a PhD. He is clearly very gifted, being able to develop a high level of expertise in academic activities (research and teaching) while also achieving the highest level of clinical achievement.

In short, Simon demonstrates the strength of intellect and character, and balance of interests, to become a successful clinical academic. I have every confidence that he will become a professor and one of the senior figures in the profession in due course – provided the necessary conditions that we have tried to establish for him here at this stage in his career are in place: this means recognition by the NHS of the value of a clinical academic in terms of leadership and influence, recognition by the RAE and university that not all the important contributions are measured by grants and publications alone, and recognition by the funding bodies that clinical research is a valid scholarly activity.

**Nominee's response**

Dr Gladman is as generous in his praise as he has been in his support. He knows very well the challenges that I have faced and has been incredibly supportive in helping resolve these. I hope that his optimism for my future is well-founded because my success will be his success – and of course if it doesn't work out, it will be all his fault!

**Career path**

I started my working life as a pre-registration house officer in the Leicester region and was lucky enough to work for and be inspired by the late Professor de Bono. Senior house officer training in Derby, Nottingham and Leicester was accompanied by the birth of my second daughter, which ensured that while I kept focused at work I did not neglect my family – a source of great strength. I deliberately spent a long period in the SHO post in order to gain a wide range of experience, resisting the prevalent pressure to move quickly into the SpR grade. Having sampled a range of specialties, I decided upon geriatrics, which offered variety, but also a broader clinical role and focused on patients rather than procedures.

Specialist registrar training was initially in the Leicester region, then East Anglia. While still keeping my eye open for an appropriate research project and managing some small-scale studies in parallel with my clinical work, it was only at the beginning of year four of my training that the lectureship in Nottingham was advertised. I was appointed to the lectureship in 2004 and have not looked back since. The lectureship, with a 50 per cent split between NHS and university, allows more freedom to develop interests and pursue the academic training that I trust will serve me well into the future. The price that I have had to pay is an extension of my training by two years, but it is well worth it considering the long-term benefits.

*'Be prepared to be flexible and do not be afraid to ask for advice – none of us know it all!'*

Research is the main thrust of the university commitment, and I am managing a falls prevention project. Aside from project management, I am also being trained in research methodology, statistical analysis, economic analysis and writing reports/papers. All of this feeds into the PhD that I am studying for, based on the falls study.

In parallel with the research outlined above, I am able to develop other research interests, such as work in the field of ethics (advance directives) and nutrition. There is a huge amount to do, and I am never bored – but I must emphasise the importance of working in a team environment. It would be impossible to do so much without the appropriate support. Dr Gladman has been especially supportive and is incredibly selfless, ensuring that my training is a priority and not a secondary consideration. If I am successful, then this is one of the key reasons -having a strong and dedicated supervisor.

Of course, clinical training continues (including GIM on-call duties) while in the lecturer post, which is in contrast to conventional research posts. This is important as the clinical work inspires research and research is inspired by clinical experience. This is the strength of the clinical academic system and it is pleasing to hear that there is increased recognition of the value of such posts by the NHS and training bodies. It remains to be seen if the rhetoric becomes reality; in particular, the pressures of the RAE on the university can at times work against clinical academics, as opposed to full-time academics, especially as health related research struggles at times with funding.

Of course, there are difficulties; mainly time pressures and wanting to be able to do more – there is a real danger of over-extending and time management becomes very important. Balancing the NHS service and training duties along with the academic duties is sometimes challenging, but I have been fortunate in working in a supportive environment. Planning and early consultation helps a great deal in this area. It is important that colleagues understand what we are trying to achieve and that all too often university success is NHS success, especially in health services research.

In summary, I have learnt to be flexible, kept options open and have not been scared to take the plunge when opportunities have presented themselves. It has all been worth it so far, and every day brings a new experience and challenge. I have a very stimulating and exciting post and hope that it will continue.

### **Advice to someone interested in academic medicine as a career**

The most important person is your sponsor or supervisor; it is also useful to have a role model, who may not be the same person. Without strong support, life as an academic in training can be tough. There will be sacrifices – extended training, possibly financial (loss of on-call duties) but the rewards are great.

It is important not to rush into the first project that comes your way. Use your clinical experience to drive your research interest and find the right person to support you in pursuing your goals. Be prepared to be flexible and do not be afraid to ask for advice – none of us know it all! Think of your long-term aims and then set objectives to help you achieve these, drawing on the advice of colleagues for guidance – do not try to do it all alone.



**Name:**  
Professor Peter Croft

**Specialty:**  
Primary care epidemiology

**Current position:**  
Director of Primary Care Sciences Research Centre,  
Keele University

### Reason for nomination

I should likely to strongly recommend Peter as he is an inspirational teacher, has the exceptional natural skills of a very effective person manager and has been the key 'catalyst' in developing a new multidisciplinary centre of national and international repute.

*Inspirational teacher:* Peter has the ability to simplify complex issues, thus providing confidence to students; the ability to focus on core ideas, thus providing the skills to develop and deliver; and the ability to 'sign-post' future questions, thus providing the ability to think widely but effectively. From a personal perspective as a clinician student, I think Peter is an extremely unusual individual in the effortless natural and thoughtful way in which he has managed to teach and inspire people from a variety of backgrounds.

*Developed a successful multidisciplinary centre:* From this small base, he has managed to obtain grants from Wellcome, MRC, ARC, National Lottery and NHS R&D to build a research centre which employs around 60 people. The Primary Care Sciences Research Centre is now a key priority field of research within the new medical school. This centre is unique in having a truly multidisciplinary function (researchers, GPs, nurses, therapists, rheumatologists) and is well placed to fully deliver its goals in musculoskeletal research.

### Nominee's response

I feel rather humbled by this nomination, since the first thought I have in reflecting on my career is that I have been 'a fortunate man'. There is a privilege to being in a job in which one can pursue ideas and spend hours thinking, writing, discussing and debating the ways, means and results of asking questions about health and illness. Having this curiosity and a wish to pursue it has probably been the main driver of my career path. I enjoyed life as a medical registrar and as a general practitioner, and the instant rewards that clinical work can bring. But I was daily dissatisfied with the lack of evidence and the uncritical acceptance of received wisdom that seemed to characterise so much clinical medicine, and this, combined with the attraction and excitement of constructing questions and finding logical ways to address them, fuelled my switch to a research career.

I was fortunate in many ways. My exposure to a range of disciplines, teachers and ideas from outside mainstream clinical medicine – social anthropology, social medicine and epidemiology. Great teachers who had 'big ideas' that were elegant, simple and inspiring. But perhaps the most fortunate aspect of my own career has been the opportunity for all these scientific and scholarly influences to have taken place in the context of some happy years in clinical practice, and in general practice in particular. The essential humanity of general practice and the experience of working with the people and the patients in that setting helped to inform and shape the research I have done.

### Career path

I was given the opportunity to do VSO before going to university, to squash a two year social anthropology course into my 'intercalated' third year as an undergraduate, and to go to Birmingham for my clinical student years. This inspired me to want to do public health or epidemiology as a career. Although I fell in love with clinical work and spent five years in general medical jobs, I never lost the ambition to do epidemiology. My failure six times in a row to pass the MRCP seemed to rule out clinical epidemiology as an option. I then met Clifford Kay, a GP and director of the Royal College of General Practitioners' Manchester Research Unit, who gave me some crucial career advice – 'do general practice first. It is a great place to do epidemiology.' I left the meeting still without a job in epidemiology but signed up to a trainee GP year in Clifford's practice.

My first job post-trainee was principal in general practice combined with two sessions a week as one of the first two GP research fellows in the new Postgraduate Medical School at Keele University. Five years of general

*'What the combined clinical and academic experience and training gives me is a sense of being a professional researcher, but also of understanding both the limitations and applicability of research in clinical practice and of being able to value what clinicians do.'*

practice, followed, alongside five years of enthusiastic unsupervised research running a trial on a Saturday morning at the surgery. Still I yearned to be an epidemiologist, and then the golden opportunity came – a year's study leave on the rarely used but wonderful Department of Health scheme for general practitioners. I then went on to do an MSc in Epidemiology at LSHTM. This was the second crucial career move. And what a privilege – at the age of 36, to return to being a full-time student doing a subject I totally loved.

But a decision had to be made during that year – return to practice or pursue a full-time academic career? It was not really a choice, because by now I was committed to research. The letters and visits to epidemiology units began again. I visited David Barker, Head of the MRC Epidemiology Unit in Southampton, who wanted someone to find out why farmers get so much osteoarthritis. This was a difficult moment – general practitioners have autonomy, I had already run my own research project, and this offer seemed to take me back to square one. However, I accepted, courtesy of a Wellcome Trust Fellowship. It was my third crucial career decision and a crucial lesson in swallowing pride and learning that research training for a doctor is about high quality supervision and about more than just 'doing your own thing.'

Then followed a golden period. I joined Alan Silman's young band at the Arthritis Research Campaign's Unit in Manchester. They wanted a general practitioner researcher to start a programme of research into common musculoskeletal syndromes. I continued to do a session a week of practice, but the rest of the time was research. After five productive and enjoyable years in Manchester, I returned to take up a chair in epidemiology at Keele funded by the local Health Authority. Looking back, this was a very shaky career move and one that, if I had been cool and rational and cautious, I would not have taken.

And yet, I feel very fortunate that I was offered the job. It turned out to be a fantastic opportunity to build up a research unit and a programme of work in a generous and supportive environment. The Health Authority let me return to full-time research and, together with local GP fundholders, provided a major grant to set up a general practice network. Keele put primary care in the frontline of their priorities and at the same time were successful in their bid for an undergraduate medical school. I had come full circle and was now involved in research focused entirely on the arena and concerns of primary care. The team that we pulled together at Keele and its programme of work was attractive enough for us to grow into a lively and active research unit with a new building beside the medical school. My contribution to all this has rested firmly on three things: the breadth of my early interests, my strong training in epidemiology with a range of units and teachers, and my general practice background.

### **Advice to someone interested in academic medicine as a career**

Understand that research is a career in itself which needs strong and committed training, and that as a researcher you are not the expert in clinical practice, and that being a clinician does not give you a god-given right to assume that you have research expertise. I accept that full-time general practitioners are the experts in their field and that as an academic I am not the expert in general practice. I accept that full-time academics who have not trodden a clinical path very often know more about research and how to do it than clinicians. What the combined clinical and academic experience and training gives me is a sense of being a professional researcher, but also of understanding both the limitations and applicability of research in clinical practice and of being able to value what clinicians do.

The mistake which GPs often make is to bring their generalist approach to the research activity. Research requires a focus and concern with detail which can be difficult for a general practitioner to take on board. But it is also important for general practitioners to keep their identity when they do research so that focus does not equal narrow-mindedness.

**Name:**

Professor Tom Fahey

**Specialty:**

General practice and public health

**Current position:**

Professor of Primary Care Medicine, University of Dundee

**Reason for nomination**

Tom Fahey was my mentor and PhD supervisor before he left for Dundee. He has been fantastic in helping me to develop my academic career. He allowed me to take responsibility early on and encouraged me to work independently. He has been extremely generous (for example, in terms of responsibility for projects and authorship) and appears to do research because he really wants to help answer important questions and enjoys what he's doing.

**Nominee's response**

I enjoy supervising colleagues with both clinical and non-clinical backgrounds. I frequently co-supervise with another colleague (often a statistician) who provides different methodological and intellectual support. Aside from the clinical aspects of research, it is important that a person following an academic career develops methodological expertise and experience. This will stand them in good stead in their subsequent academic career.

**Career path**

I trained in general practice in Ireland and the UK. I was a late starter in terms of my academic career. I completed an MSc in community health at Trinity College Dublin and then trained in public health on the Oxford training scheme. I found public health to be very interesting with some inspiring colleagues, however I missed clinical work. I joined the Department of Social Medicine in Bristol, which at the time was a joint public health/primary care department. I was surrounded by interesting and supportive colleagues from different academic and clinical backgrounds and really enjoyed working in that environment. It also enabled me to develop as a more senior academic, supervising and supporting colleagues myself. I moved to Dundee over three years ago and have found the transition to being a professor and head of department challenging but again enjoy the support of colleagues.

**Advice to someone interested in academic medicine as a career**

Enjoy the intellectual challenge-I have known some people who do research as part of their planned career progression. While it is important to have a career goal and to plan it appropriately, the most interesting and satisfied academics appear to me to be those who enjoy the academic process- thinking of an important clinical problem; developing a protocol and securing funding; undertaking and completing the study to answer the problem.

Methodological training-well-rounded medical academics need methodological, as well as, clinical expertise. There are three-year training fellowships funded by the MRC, Wellcome Trust, NHS R&D or the Scottish CSO scheme. As part of these fellowships, one-year (full time) or two year (part time) postgraduate courses in epidemiology, health services research or statistics are available. Make use of these opportunities; they provide an excellent training opportunity.

Look around-it is always worthwhile visiting departments prior to applying for a post. Talk to junior and senior members of these departments and find out about the ethos of the department in terms of supporting junior members of staff. Look at their teaching and research programmes to see if their activities fit in with your interests. Choose your supervisor carefully; they should be somebody who is interesting and enthusiastic but should be able to give you enough space to enable you to develop your own academic interests. Remember when dealing with a supervisor/head of department/senior member of staff that we all have strengths and weaknesses.

*'Being a medical academic makes for a very busy life. It can impinge on family life so make sure that you protect your time. If you have time, maintain outside interests.'*

Maintain a focus-it is always difficult to combine the elements of clinical work, research and teaching, as well as, administrative roles. Make sure you know what your goals are and plan accordingly. Review your goals regularly. I found the appraisal process very helpful in this regard.

Maintain a balance-being a medical academic makes for a very busy life. It can impinge on family life so make sure that you protect your time. If you have time, maintain outside interests. I still manage to run and stay fit.

Maintain perspective-don't get too satisfied if you achieve early success, I always find that the best academics are the most humble. Similarly, don't be too down-hearted if you don't achieve instant success; perseverance does pay off.



**Name:**  
Professor Kenneth Fearon

**Specialty:**  
Surgical oncology

**Current position:**  
Professor of Surgical Oncology, University of Edinburgh and  
Consultant Colorectal Surgeon, Royal Infirmary of Edinburgh

### Reason for nomination

Professor Fearon is a world expert in cancer cachexia. He is involved in clinical and laboratory based research and is an inspiration to medical students and surgical trainees undertaking higher degrees (supervisor to surgical trainees undertaking MD and PhDs). He is a clear thinker about the way that research should be carried out, what is realistic and is likely to achieve results and addresses the important issues in his research areas.

### Career path

During my undergraduate career at Glasgow University I was attracted to basic sciences that had a focus on surgical practice (anatomy, physiology, pathology). I became inspired about becoming a surgeon by being taught and doing a summertime research project with Professor David Carter, the then Professor of Surgery at Glasgow Royal Infirmary. As a JHO in Professor DC Carter's Surgical Unit, I decided to follow a career in surgical oncology. I had been fortunate enough to be awarded the Brunton Memorial Prize (top undergraduate of my year) and this facilitated a series of interviews with various research teams in the Faculty of Medicine in Glasgow.

The post I was most attracted to was with Professor Calman in the Department of Oncology. This was a three-year research fellowship, funded by the CRC and focused on the mechanisms and treatment of cancer cachexia. My research post was two-thirds research and a third clinical. Thus I continued my clinical professional development by helping with out-patient clinics and doing 'on-call'. Medical Oncology was a nascent specialty at this time. I greatly enjoyed learning about chemotherapy and radiotherapy treatments and felt this was a very important aspect of my knowledge-base to practice as a surgical oncologist. My research project spanned both basic science and clinical projects and many of the collaborators I worked with then are still my collaborators some 20 years later.

After completing my research and submitting my thesis (MD) I returned to the basic surgical training scheme in the West of Scotland. Professor Carter moved from Glasgow to Edinburgh and I was offered a lecturer post in Surgery in Edinburgh. This allowed me to continue with my research interests and also undertake my higher surgical training (which included a spell in North America).

I was appointed as a senior lecturer and honorary consultant colorectal surgeon in 1993, reader in 1996 and professor of Surgical Oncology in Edinburgh in 1999. At present, I continue to do a busy clinical job in combination with running a research group focused on cancer cachexia and human nutrition and metabolism.

### Advice to someone interested in academic medicine as a career

Try to focus your research on a clinically important topic – this is helpful when justifying your continued interest in an area.

Try to undertake your research in a field that will be relevant to your future clinical career – thus one will feed off the other.

Make every effort to establish strong collaborations with experts in your field of research – these collaborations can last a lifetime!

Try to do your clinical work and research on one site so that you can be as efficient as possible.

*'Make every effort to establish strong collaborations with experts in your field of research – these collaborations can last a lifetime!'*



**Name:**  
Professor Fiona Gilbert

**Specialty:**  
Radiology

**Current position:**  
Professor of Radiology, University of Aberdeen

### Reason for nomination

Professor Gilbert is enthusiastic, hard working and facilitates others. She leads by example and is also great fun to work with and very supportive.

### Nominee's response

I love working in medicine and relish the variety of challenges that present themselves each day. I am the eternal optimist and my positive attitude helps when facing difficulties. I believe that if you try hard enough anything is possible, though recognising my own limitations, I try to involve others with complementary expertise so that a goal can be achieved. Working takes up a large part of my life at present so I try to make sure I am working with people I like.

### Career path

I completed a MB ChB at Glasgow University and worked as a research fellow in the oncology unit. I undertook my SHO and registrar training in medicine and radiology. I became a consultant in radiology and am currently working in a chair of radiology at the University of Aberdeen.

### Advice to someone interested in academic medicine as a career

Choose a specialty you particularly enjoy and find a role model in academia you trust and respect. Either undertake a course or degree in research or participate in a well-organised multicentre trial to gain some practical experience to see if you are suited to academic life. Be prepared to be flexible and compromise, as few people share exactly your perspective on a particular topic. Multidisciplinary working is our current mode of undertaking research and working in a team requires lots of compromises.

*'Be prepared to be flexible and compromise, as few people share exactly your perspective on a particular topic.'*

**Name:**

Professor Irene Gottlob

**Specialty:**

Ophthalmology

**Current position:**

Professor of Ophthalmology, University of Leicester

**Reason for nomination**

She is a scientific researcher of international repute and she works relentlessly against the odds to achieve the goals.

**Nominee's response**

I am very honoured that someone has nominated me. My guess is that one of the junior doctors working in research with me has written this. I am glad if young doctors can see the positive sides of research even if it is hard work.

**Career path**

I finished medical school and my primary training in ophthalmology at the University of Vienna. When I finished my studies it was practically impossible to find a training position in ophthalmology in Vienna, with many doctors already waiting for several years for such a position. I thought then that this will give me the opportunity to do some research. I went to Professor Kafka at the Institute of Physiology and asked if I could do some research, even if there was no paid position, as long as it would be in the field of vision. She said yes immediately, showed me a very dark and a bit dusty lab and said 'this lab is not in use at the moment; if you want you can start tomorrow and investigate the influence of neurotransmitters on the isolated retina'. I started the next day and worked there for one and a half years. Based on my research, I was then successful in being admitted into the training programme in ophthalmology in Vienna. During my training, I was fortunate in obtaining a research fellow position at the Max-Planck Institute for Experimental Ophthalmology in Frankfurt, Germany. Upon my return to the University Eye Clinic Vienna, I built up a clinical electrophysiological laboratory for patients and research.

At a scientific meeting I met Professor Robert Reinecke, whose special interest was paediatric ophthalmology, strabismus and nystagmus. He worked at the very prestigious institution; Wills Eye Hospital in Philadelphia. I asked him whether he would accept me as a fellow. Again my research record enabled me to obtain a fellowship and I moved to Philadelphia where I spent four years; as a research fellow and then as associated professor. During my time at Wills Eye Hospital I was able to participate in many clinical activities, which allowed me to learn different ways to treat patients. I was also involved with many patients with nystagmus, a field which has become one of my clinical and research areas of expertise. I thought it would be important to see how things are done in other parts of the world. My first consultant position was at the University of Kiel in Germany and I spent one of the most fruitful years of my clinical development there, gaining clinical experience dealing with the most difficult patients. This experience was the basis of my future clinical work and I am trying to pass it on to my junior doctors. Back at Wills Eye Hospital, I did a fellowship in oculoplastic and orbital surgery.

Towards the end of this fellowship, I got a phone call from Switzerland asking me if I would be willing to apply for the position of head of the department in neuro-ophthalmology and strabismus in St Gall. They had selected me on recommendation of a paediatric neurologist and an electrophysiologist who knew my publications and had met me at scientific meetings. I was first a bit worried having a baby daughter and being pregnant at the time. However, my husband encouraged me to look into it. The result was that I worked there for more than six years. My position was very rewarding, mainly because of the clinical responsibility. I managed also to secure several grants and to keep research going. However, I missed the intellectual atmosphere of a university, since this was not an academic unit. One day, coming home late after a tiring day, my husband said 'I have found a position for you'. It was a professorship at the University of Leicester. At the time I did not understand much about the NHS but it was again my research record

*'If you are interested in academic medicine you have made a very exciting choice. Research will allow you to keep progressing, to use your imagination and to always have new challenges. If you are a clinician it is also important to be top in your clinical field. Both research and clinical skills often go hand in hand.'*

which helped me obtain the position. Since 1999 our family has been living in Leicester. We were lucky because my husband was appointed as chair and professor of neurology at the University of Nottingham. In Leicester I successfully built up a team of young, very bright and enthusiastic researchers. This team is what keeps me happy in Leicester. It is extremely rewarding to work with all the young people and junior doctors. Obviously there are a lot of difficulties and worries such as obtaining grant money to keep everybody employed, the pressure to produce high quality research and papers, to give enough attention to all lecturers, junior doctors and students, to split my own time between patient care, research and administration and to still have enough time for my family. But on the other hand this is what keeps me going. Research keeps my life very exciting and varied. I had a lot of inspiration from some of my professors and there is nothing nicer than giving some of this back to the next generation.

### **Advice to someone interested in academic medicine as a career**

If you are interested in academic medicine you have made a very exciting choice. Research will allow you to keep progressing, to use your imagination and to always have new challenges. If you are a clinician it is also important to be top in your clinical field. Both research and clinical skills often go hand in hand. It is important to take enough time for your training. It might be difficult to train for a long time but the more you know the better it is for the rest of your career. Once you are at the consultant level it will be much more difficult to find time for additional training, but you should always make time to keep up with what is new in your field.

It is almost certain that it will not always be easy and you will go through difficult times. At times you will be discouraged and feel down, for example, if a paper is rejected or experiments are not working. However, if you are doing good work and you persevere you will get up the hill again and be successful. It is important not to give up. Overcoming difficulties is part of research but the more problems you solve the better you will get at it. You will take hurdles easier the next time around. If you are getting discouraged speak to a mentor. A mentor can sometimes see your specific problem or your career from a different angle. Choose your supervisor carefully. Look at his/her research record; speak to other people who worked in the group, find out what the supervisors' attitude to young researchers is and how other researchers in the group have been supported in their career.

It is essential to work together with non-clinical scientists. Many of the best research teams are made up of clinicians and non-clinical scientists who learn from each other. On the other hand, it is important for a young clinical researcher not to allow themselves to feel intimidated by non-clinical scientists and think that a clinical scientist cannot be as rigorous and knowledgeable as a non-clinician.

For many people research is extremely rewarding, makes life varied and inspired and the job more enjoyable. It makes me enjoy every day at work. Having a good research record will also open many new doors for you. For example, you will have access to fellowships and be sought after for many more jobs. In summary, I think academic medicine is the most rewarding job you can have. It combines patient care, usually at a high level because you are upfront in the clinical research in your field, with all the positive parts of the research mentioned above.

**Name:**

Professor Barry Hancock

**Specialty:**

Medical oncology

**Current position:**

Professor of Clinical Oncology, University of Sheffield

**Reason for nomination**

During his career, Professor Hancock has inspired many students and young doctors with his unique blend of enthusiasm and clarity. He has been involved in the teaching and training of hundreds of doctors and medical students, many of whom will remember the fun way in which they have been educated by him.

His leadership has helped Weston Park Hospital Cancer Research Centre rise from the first division to the premier league. He is tireless in his work for charity and for cancer patients. He has developed a highly successful academic department with a combination of dedication and kindly inspiration. He is a unique character who absolutely fits the criteria of a role model.

**Nominee's response**

It is a great honour to be nominated as a role model, although I have long realised that any leader is only as good as the team, and that has certainly been so for me. I have been fortunate in my career, in both academic and NHS roles, to work with colleagues who recognised the importance of communication and collaboration.

**Career path**

My clinical academic leanings were evident from a very early stage in my career – my house job was with the Professional Medical Unit. I knew then that I would enjoy clinical research and writing. After my initial medical registrar training, in 1974 I became lecturer in medicine (honorary senior registrar). A senior lectureship (honorary consultant) and readership in medicine followed in due course (1978 and 1982 respectively) and I was selected for the Yorkshire Cancer Research Chair of Clinical Oncology in Sheffield in 1988. That gave me the chance to head up, what I hope, is now one of the best and most multi-disciplinary cancer research collaborations in the UK. I am now in the autumn of my career and nowadays I rely more on negotiation and entrepreneurial skills than those of hands-on research, but I still love my clinical work and am passionate about using the findings of scientific research to provide the evidence base for improving the care of our patients.

**Advice to someone interested in academic medicine as a career**

My inspiration to go into academic oncology came when, as a registrar, I looked after a young man with Hodgkin's disease who we cured by (then) pioneering chemotherapy developed on the basis of clinical trials. As a lecturer two further things inspired me – the teachings and friendship of senior colleagues in what was then the very young discipline of medical oncology and attendance at the World Cancer Congress in Florence (in 1974). This is often the way that clinicians decide to become academics – fired by the enthusiasm of their senior colleagues and/or realisation of exactly how much research contributes to patient care. It isn't easy to make this career choice – research often has to happen alongside clinical commitments, and nowadays as a young doctor training for specialist accreditation this has to be two to three years of 'time out' from the NHS to pursue their MD/PhD. Is it worth it? I think so, because when I look back at my 31 years in academic medicine I know that I wouldn't have changed a minute of this. It has given me the opportunity to work with some great colleagues, to teach and hopefully inspire many enthusiastic medical students and young doctors and most importantly to help patients, not only by direct care but by enabling them to be involved in good clinical studies to their, and future patients, possible benefit. So... go for it and enjoy!

*'This is often the way that clinicians decide to become academics – fired by the enthusiasm of their senior colleagues and/or realisation of exactly how much research contributes to patient care.'*



**Name:** Professor Chris Hawkey

**Specialty:** Gastroenterology

**Current position:** Professor of Gastroenterology, Wolfson Digestive Diseases Centre, University of Nottingham and Co-director of the Institute of Clinical Research, Nottingham

### Reason for nomination

#### *Nomination 1*

A researcher with an exceptional record of effective mentorship of junior colleagues in this area of clinical research.

#### *Nomination 2*

Inspirational researcher and brilliant lateral thinker who is one of the major academic gastroenterologists in the UK.

### Nominee's response

History teaches us that the majority of what is regarded as true at any one time turns out either to be false or at least an imperfect explanation. Karl Popper taught us that you can never prove a fact; you can only test its robustness by trying to disprove it. If that is what is meant by lateral thinking, fair enough!

### Career path

Much of my early HP/SHO training was undertaken at Central Middlesex Hospital, Northwick Park Hospital, and Brompton Hospital, London. I then moved to the Nuffield Department of Clinical Medicine, Radcliffe Infirmary, Oxford, where I was a registrar and then moved into a research fellow position. I spent two years as a senior registrar in the Department of Medicine, University Hospital, Nottingham before accepting a Senior Lecturer post at the Department of Therapeutics, University Hospital, Nottingham. I then progressed to Reader at University Hospital. In 1995 I took a sabbatical and spent 6 months as a research fellow at Vanderbilt University Medical School. I have been in my present position as Professor of Gastroenterology at University Hospital, Nottingham for the past 13 years. During this time I have also acted as Head of the Division of Gastroenterology (renamed Wolfson Digestive Diseases Centre) and currently co-direct the Institute of Clinical Research in Nottingham.

I have spent most of my career without a very well worked out plan, drifting into jobs and not making the "big" career decisions! I became a gastroenterologist for a series of entirely invalid reasons and I went into research because I had a vague idea that I wanted to do this. With respect to the latter, I have a feeling that I was not uncommon - many of us are excited by the idea of doing something original and creative like research but do not know how to start. I think for many people you just have to get into a suitable area so that you can learn what questions are important and how to ask them. In my case, the research I did was on prostaglandins in inflammatory bowel disease. This was probably a non-starter conceptually and I was very soon trumped by other investigators before I had really got going. However, it introduced me to a whole vibrant field of research (eicosanoids, non-steroidal anti-inflammatory drugs, COX-2 inhibitors etc) and I have been very lucky that this has remained clinically relevant and topical even to this day. So I would advise young investigators to follow their instincts and research any area that looks like it is going places. In addition, as outlined below, I think current academic approaches discount too much the importance of clinical context and relevance.

Philosophically, I guess I have always found the concept that all you can really do is test the robustness of your theories to be very attractive. It means that a true academic is always trying to knock down his own ideas, and those of others. Although this approach has got me into trouble from time to time, it is probably also kept me decent! More generally, a strong philosophical influence has been Albert Camus who wrote "The Rebel" and argued that the highest intellectual inquiry in politics was to question current establishment and received wisdom not to replace it by a new establishment and equally false received wisdom. In science it is the same.

*'Go into academic medicine if you are curious and interested in asking questions'.*

Before I did medicine, I studied psychology. This gave me a false impression of what research within medicine would be like but also a good impression of what it should be like. For disciplines like psychology there is a far stronger conceptual component to research and more of what one might call "scholarship". I realise my research career did develop on the back of some analytical reviews I wrote and this was probably because I did not try to just summarise the evidence but instead tried to apply scholarship to gain a deeper understanding of what I was writing about. Scholarship does not feature in the RAE but I believe it should and I believe you should develop a capacity for scholarship because it will serve you well, both in career development and in thinking up new approaches to research.

### **Advice to someone interested in academic medicine as a career**

Only go into academic medicine if you are curious and interested in asking questions. Don't go into it if you want to be associated with particular answers. This is more politics than research.

Be prepared to publish papers disproving an answer you had previously espoused in the light of new evidence.

It has been suggested by some within academic medicine that there should be a separation of clinical work, research and teaching. If you think about it your activity choices are actually clinical, research, teaching, bureaucracy and procedures. Retain the first three and ditch the last two. Although it is hard to fit all in, I would strongly reject this approach.

Instead, to make time for a creative synthesis of clinical, academic research and teaching, I would suggest the following:

- Try to minimise the amount of paperwork (including surveys from your university and elsewhere).
- It is difficult to combine a high level of procedural skills such as ERCP with an integrative programme of clinical practice, research and teaching. You have to make compromises to ensure the best outcomes.

As mentioned above, I am opposed to the position that a choice has to be made between clinical work and research, with the implication that academics go through a formal academic training and don't revert to clinical work at the far end. I believe this is profoundly misplaced but you should still try to get onto a well-regarded training scheme (e.g. MRC) to do your MD or PhD as this looks better on your CV.

If you don't manage this, the one thing you must avoid is that offer of 6 months funding with a good chance of subsequent renewal – if your supervisor cannot manage to get you full funding at the start (s)he is probably not worth working with.

**Name:**

Dr Robert Higgins

**Specialty:**

Renal medicine

**Current position:**

Consultant Physician and Nephrologist, University Hospitals Coventry and Warwickshire NHS Trust

**Reason for nomination**

Dr Higgins is an exceptionally able clinician and has become a leader within the UK for transplantation. He is also able to combine clinical medicine with a successful research programme, collaborating with academics at the University of Warwick and in particular the new medical school. He has tutored several specialist registrars to postgraduate degrees. He epitomises the doctor able to be successful in several areas.

**Nominee's response**

The nomination is very kind and generous. In renal transplantation, I coordinate our programme of antibody incompatible transplantation, receiving referrals from across the country. This involves plasmapheresis before and after transplantation in those who have donor-specific antibodies against their living donors. Each successful transplant is an immense reward for the partnership between clinician and laboratory. This month we've transplanted a mother of five and someone who's been on dialysis for most of the last 23 years, both of whom had a virtually zero chance of a transplant without this procedure. There is a laboratory programme, looking at the sensitivity of transplant patients' lymphocytes to immunosuppressive drugs, aiming to tailor their therapy rationally. I also do research which is about education, outcomes and quality of life. This draws especially on the City of Coventry, with its significant south Asian population, and studies into prevalence of renal disease and pain in people with kidney diseases are proving rewarding. Lastly, I am medical editor for the National Kidney Federation, and the medical information zone of its website is currently achieving about 400,000 hits per year.

The philosophy behind all this is that I want continuously to improve the care of each patient I see. Of course that's no different from everyone else working in the NHS and in academic medicine, but I do enjoy a particular focus on research that takes me no further than a quick three point turn away from the patient. That means that I concentrate on seeing the patients, and collaborate endlessly with people who have the specific skills to solve particular problems.

**Career path**

I spent 10 years at the equivalent of SpR level in London, Manchester and Oxford. Four of those years were spent as a Wellcome Research Training Fellow in the Nuffield Department of Surgery, Oxford where I learnt some cellular immunology. Without an understanding of laboratory immunology I could not have progressed, even though nowadays, I don't often set foot in the laboratory. One advantage of a collaborative approach is that I have bumped into enthusiastic people around Coventry and the University of Warwick, allowing development of interests I would not have suspected 20 years ago, such as writing patient information, epidemiology and quality of life.

**Advice to someone interested in academic medicine as a career**

The recipe is superficially simple. Get a good training in research methods and ethics, do a higher degree, and never, ever fail to complete something you start, which includes writing everything up. Then, collaborate, collaborate, collaborate.

As an NHS employee with a research interest, as opposed to being a university academic, I have some great freedoms. For example, I do not have to work to research assessment exercise timetables, and am not formally assessed on my success in grant applications (fortunately). However, with this comes the need to concentrate on significant goals, there is no point in dabbling. Inevitably, some of the academic work is done outside my strict quota of programmed activities. However, the rewards are enormous. Everything in medicine is changing all the time and the opportunities to be part of that change are once in a lifetime.

*'The recipe is superficially simple. Get a good training in research methods and ethics, do a higher degree, and never, ever fail to complete something you start, which includes writing everything up. Then, collaborate, collaborate, collaborate.'*

**Name:**

Professor Amanda Howe

**Specialty:**

General practice

**Current position:**

Professor of Primary Care, University of East Anglia

**Reason for nomination**

Amanda meets all of the criteria for a role model and more. She is a great colleague to work with and will make an excellent role model for others considering a career in academic medicine. Amanda combines a very successful academic career with her duties as a wife and mother. She is very keen on culture which gives her an added perspective. She is a popular member of staff with students.

**Nominee's response**

Careers for women in medicine and academic careers are two hot topics for me – I have been a member of the working party for ICRAM, serve on the executive of the International Women's Working Party for Women in Family Medicine (a Working Group of WONCA), and have recently given the national key note on a similar theme to the Medical Women's Federation.

**Career path**

In fact my career is an astonishment to me. I expected to be a full-time GP for my whole career, but got involved with the higher education world via becoming an active educator and adding a number of roles (GP trainer, undergraduate tutor, CPD tutor) to my day job as my family grew up. It was the encouragement of the local professor to part-time teaching staff that we consider an academic training via a masters course that first re-engaged me with academic work: this was funded through a local capacity building initiative, which was designed to bring a more academic skillset into primary care. The other key factors were:

- growing up with early role models of women in medicine who supported me to feel I had a right to do whatever I proved to be good at, and could be paid for
- finding considerable support and encouragement from the Royal College of GPs
- happening to be both inspired by, and getting opportunities through, the tidal wave of change created by Tomorrow's Doctors. The need for medical schools to show change allowed previously unacceptable ideas to creep into the curriculum, and the passion I had always had for good education in community settings came to the fore.

**Advice to someone interested in academic medicine as a career**

Don't rule this out: being a good academic means very hard work, but it also needs thoughtfulness and vision more than an exceptional IQ.

You can effect huge changes via education-while clinical work is done at an individual level, education is done through large cohorts.

Research provides an excellent counterbalance to the rough and tumble of frontline contact whether with students or patients.

The university world is an international one, where you make friends and meet people, unlike the NHS, and can travel and think outside the box.

Always talk to people about this, try out different options, and don't be taken in by thinking that an academic career only means a full-time university post.

*'Being a good academic means very hard work, but it also needs thoughtfulness and vision more than an exceptional IQ.'*

**Name:**

Professor Roland Littlewood

**Specialty:**

Psychiatry/social anthropology

**Current position:**

Professor of Psychiatry and Anthropology

**Reason for nomination**

Professor Littlewood is an inspiring teacher and intellectual of the old era. He has the ability to turn mundane disciplinary (about cross-cultural psychiatry) issues into intellectual questions. Sadly, he is part of a dying breed in current UK clinical academia. He has had a major academic influence on the issues that affect UK black and ethnic minority populations, and also white Britons. He has also contributed significantly to the development of medical anthropology for clinical academics.

**Nominee's response**

How very kind

**Career path**

After a rocky start (failed A level biology and surgery finals), I undertook my house officer training in surgery at Barts. Following a year off to pursue my interest in painting, I then completed my SHO and registrar training at Barts. During this time I also co-authored my first book (with my consultant, Maurice Lipsedge). I completed a diploma in social anthropology at Oxford University in 1975 and this was followed by two years of fieldwork in Trinidad. I was based at Guy's in London for my senior registrar training and then moved to Birmingham University in 1985 to take up a senior lecturer post. I moved back to London in 1987 to take up a senior lecturer position at University College London, where I have been ever since. My current position as professor of anthropology and psychiatry, involves a range of responsibilities. I was responsible for initiating the M.Sc. programmes in cultural psychiatry and medical anthropology and I am also director of the UCL Medical Anthropology Centre. I have undertaken fieldwork in Haiti, Lebanon, Italy and Albania and have published several books. In 1988, I received the Wellcome medal and I am currently president of the Royal Anthropological Institute

**Advice to someone interested in academic medicine as a career**

Do not peak too early and maintain a total obsession with what is interesting for you and pursue that with a complete fascination, going outside medicine if you have to do some additional training (whether biological or social sciences).

*'Maintain a total obsession with what is interesting for you and pursue that with a complete fascination.'*

**Name:**

Professor Jim McKillop

**Specialty:**

Internal medicine/nuclear medicine and medical education

**Current position:**

Head of Undergraduate Medical School, Glasgow University

**Reason for nomination**

Professor McKillop is honest, fair, a brilliant clinician and is highly respected by his peers, students, staff and colleagues.

**Nominee's response**

I am flattered and slightly embarrassed to be recognised in this way for doing something which I enjoy and think is important.

**Career path**

After graduation in 1972, I undertook a series of NHS and clinical academic training posts. I was a post-doctoral Harkness Fellow at Stanford University for two years. I was appointed senior lecturer in medicine in Glasgow University in 1982 and Muirhead Professor of Medicine there in 1989. I have been head of the undergraduate medical school since 2001.

The main interests in my career have included:

- Nuclear medicine research with a particular interest in nuclear cardiology and thyroid disease. I have had the opportunity to influence policy in the specialty through holding office in UK and European specialty associations and as chair of the Administration of Radioactive Substances Advisory Committee of the Department of Health for seven years. I have moved away from this field as my education activities have increased
- Undergraduate medical education, initially as a teacher, then increasingly as a course director/designer and through involvement in UK national bodies. Education is now the main focus of what I do. It is, of course, a particularly exciting time to be involved in medical education. Since the publication of Tomorrow's Doctors in 1993 the interest in medical education in the UK has increased greatly, a situation which, fortunately, seems likely to continue.
- Clinical medicine. Until I became head of medical school, I continued to have a substantial clinical load, and was grateful for it – I found it satisfying, and good for keeping in touch with reality.

**Advice to someone interested in academic medicine as a career**

Enjoy what you do, at least most of it! Academic medicine is demanding and the demands (research, teaching, administration and clinical service) can conflict, though joint job planning and appraisal are reducing the degree of conflict. If you don't get a buzz out of following a career in academic medicine don't do it! However, if you do enjoy it is immensely rewarding and varied – after 30 years as a clinical academic I still love what I do and can't think of anything else I would rather be doing.

For most clinical academics, retaining clinical expertise or its equivalent in your discipline is essential. It helps to keep your academic activities relevant and maintains your credibility with clinical colleagues, whose cooperation you are likely to need in pursuing your academic interests.

At any stage in your career, try to be focused in your activities and resist taking on too many things. However, always try to be aware of the 'bigger picture' as it will make you more effective in achieving your goals. Also, try to be flexible about the path your career may take. In comparison to most NHS consultants, clinical academics have more chances to vary what they concentrate on as their career progresses.

Administration and policy aren't always immediately appealing, but they are important. If you don't participate you can't complain when your views aren't taken into account.

The difference between a medical school and a research institute is that medical education is the core business of a medical school, although research is also crucial. Even if you have no personal interest in education, don't forget its importance.

*'For most clinical academics, retaining clinical expertise or its equivalent in your discipline is essential. It helps to keep your academic activities relevant and maintains your credibility with clinical colleagues.'*

**Name:**

Professor Marion McMurdo

**Specialty:**

Ageing and health (medicine for the elderly)

**Current position:**

Professor of Ageing and Health, University of Dundee

**Reason for nomination**

I believe that Marion provides an excellent role model for the following reasons:

- she combines research with both a substantial teaching duty and a substantial clinical workload. She is an excellent example of how to balance these competing demands
- she has always encouraged me to develop and test my own ideas, even when these do not form part of the main thrust of the department's research work
- she has been an excellent source of support and guidance during my PhD project and beyond
- she maintains the highest ethical and clinical standards, in research, in teaching and in clinical work-despite the manifold temptations that researchers are exposed to
- she has taken care to develop my skills as an academic, by encouraging and supporting me through small projects up to larger projects, and by involving me in aspects of larger projects (eg, pilot work, ethics applications), has allowed me to gain the skills and experience that I need to obtain large grants and run larger projects
- she is an excellent example of how to balance work with the rest of life. She is highly productive, while not working excessive hours, and maintains a diverse range of outside interests
- she runs a small and friendly department, where everyone cooperates and assists each other. Much of this is down to Marion's example, and those working in the department feel that they are valued and cared for as members of the team.

**Career path**

I stumbled into academic medicine quite by chance, after having decided that medicine for the elderly was the specialty for me. The first post which came up happened to be a clinical lecturer/senior registrar position, so I applied without any particular desire to do academic medicine. I had already completed the data collection for my MD degree while working in a university contract clinical pharmacology unit, which undoubtedly helped in getting appointed. Somewhat to my surprise, but to my delight, I greatly enjoyed clinical academic life. Thereafter came more senior posts, time overseas to broaden the horizons, and the great good fortune to work with both NHS and senior academic colleagues who have continuously supported my activities.

**Advice to someone interested in academic medicine as a career**

Clinical academic medicine is a great career. Even after many years in post I still get a thrill from a manuscript being accepted for publication, or from a grant being awarded, or from seeing a junior colleague promoted to a senior position. At a time when many of our full-time NHS colleagues feel less and less in control of their working lives, clinical academic medicine still offers a degree of self-determination and independence which many would envy. This is despite the hullabaloo over the research assessment exercise and the numerous other pressures felt by universities.

The trick for me has been to strike the correct balance between clinical work, teaching and research. Some weeks this is easy to achieve, other weeks it is more difficult. There is a view that excellence in all three roles is impossible, but for me the joy of academic medicine is the very diversity which it offers. A strong continuing clinical workload is vital if your research is to retain its relevance. If your research activity doesn't have the potential to change practice in the real world, it's probably not worth doing.

I don't think that great intelligence is a pre-requisite for success in academic life-resilience and dogged determination are far more important. Don't be deterred by the initial rejection of the paper or grant application, but dust yourself down, re-group and get on with improving the resubmission.

Good luck!

*'The trick for me has been to strike the correct balance between clinical work, teaching and research. Some weeks this is easy to achieve, other weeks it is more difficult.'*

**Name:**

Dr Fritz Albert Muhlschlegel

**Specialty:**

Microbiology

**Current position:**

Reader, University of Kent (60%) and Honorary Consultant in Medical Microbiology, East Kent Hospitals Trust (40%)

**Reason for nomination**

Dr Muhlschlegel shares his working time between the university research laboratory and the East Kent Hospitals Trust Clinical Microbiology Service, where he holds an honorary consultant in medical microbiology post. To me, he has provided a shining example of how a successful, strong scientist can bridge the gap between academia and pure research. In many ways, his influence has directed me to deepen my understanding and appreciation of the application and transference of academic research into practical medical solutions.

As a medic, he is consistently exposed to the most up-to-date information regarding major aspects of the epidemiology of our target organism, allowing him to develop strong theoretical strategies based on real clinical information. Being an academic, he translates details about the medical climate into an informed, streamlined experimental plan designed to answer key questions. As a supervisor, he has inspired me to look closer at the experiments I design and to ask more insightful questions, with greater clinical relevance.

On a more personal level, he is friendly and has a very approachable personality, which fosters a sense of teamwork apparent when you visit the research laboratory. Fritz does, however, run a tight ship and research output and thoughtful scientific discussion are actively encouraged.

I look up to his achievements as both a medic and academic. One can only respect the work that goes into maintaining a healthy research programme along with carrying out duties as a medic. I also know that he would have it no other way. The advantages arising from leading your own research laboratory, coupled with an active medical career seem tremendous to me. It has encouraged me to think more closely about my future and more specifically about entering into an academic medical path. The wealth of information, advice and guidance he can provide are, in my opinion, invaluable to young people on the verge of entering into either field of work.

**Nominee's response**

I am delighted and honoured to have been shortlisted to join this group. I welcome the BMA's initiative and think it is essential to inspire and support the next generation of medical academic staff. Mentoring is such an important component in academic medicine. I have been encouraged and inspired by leaders in academic medicine and I owe them a lot. Much of my satisfaction in my job comes from the fact that my work involves medical or PhD students and junior doctors. My research is translational and ultimately designed to help patients suffering from infections and for me it is extraordinary to not only engage in scientific discussions with scientists and doctors of all levels, but specifically to also provide advice, support and guidance for junior people seeking a career path in academic medicine.

*'Be tenacious and most importantly: it's not easy, but don't give up.'*

## Career path

I undertook my undergraduate medical training at the University of Berlin, Germany. My specialist training in clinical microbiology and postdoctoral work were undertaken at the University of Hanover. I spent two years at Georgetown University, Washington DC as a postdoctoral fellow. I spent four years as a senior lecturer in molecular mycology and a consultant medical microbiologist at the University of Würzburg. I then moved to the UK where I took up the post of senior lecturer in molecular microbiology at the University of Kent and also worked as a locum consultant medical microbiologist for the East Kent Hospitals NHS Trust Clinical Microbiology Service. I am currently a reader in medical microbiology at the University of Kent and spend 60 per cent of my time doing this. The remaining 40 per cent of my time is spent as a honorary consultant microbiologist at the East Kent Hospitals NHS Trust Clinical Microbiology Service.

## Advice to someone interested in academic medicine as a career

Ideally you develop and plan your career path early on. Try to speak to as many people as possible.

Try to identify people who are both scientists and clinicians and who inspire you. Try to seek their advice.

Most importantly you need to develop a deep interest in a particular subject in academic medicine. Very importantly you need to create pockets of protected time where you can engage in research. For me it was essential to fully engage in research during my postdoctoral period in the USA. During this time you can establish yourself in science. Try to identify and apply for fellowships that financially support your research.

Be tenacious and most importantly: it's not easy, but don't give up.

**Name:**

Professor Robin Murray

**Specialty:**

Psychiatry

**Current position:**

Professor, Institute of Psychiatry, Kings College

**Reason for nomination***Nomination 1*

Through his razor-sharp intellect, extraordinary capacity for hard work, great personal charm and complete integrity, he has been inspiring junior psychiatrists to enter academic psychiatry for over 30 years. The number of professors of psychiatry that he trained must be at least 50. His greatest strength is that despite being the most eminent academic psychiatrist in the UK, and the most highly cited schizophrenia researcher in the world in the 1990s, he is never too busy or important to speak to even the most junior medical or nursing staff.

*Nomination 2*

Professor Murray is an internationally acclaimed scientist with a human face. He is always happy to speak with and advise those who ask. He was a first class dean of the IoP and has done much to advance our understanding of the aetiology of schizophrenia and to take forward genetic research into several psychiatric disorders. He has continued to do research when his peers have been side-tracked into committees and gong chasing. He is an excellent speaker and communicator.

**Nominee's response**

I knew I had a great job and a fantastic wife and family; now I learn I have two friends as well! It is always a pleasure to talk with younger doctors and nurses because they can look at a research or a clinical problem from a fresh perspective, and come up with ideas that would never have crossed my mind. I learn as much from my junior colleagues as they do from me (but of course the professor always gets the credit!).

**Career path**

I always wanted to do psychiatry, but first I spent three years as an SHO in medicine in Glasgow. I worked for a very extroverted renal physician who dominated conversation in the pub after work. Status in the pub was determined by two things – one's ability at either golf or in research. Since I wasn't any good at the former, I had to try the latter. At that time working class Glasgow women had a habit of swallowing huge amounts of an analgesic powder called Askit, often washing it down with 'Iron Bru'. The caffeine in the powder kept them taking more, and the phenacetin destroyed their kidneys. Although dependence on Askit eventually killed many of these ladies, it was very good for me. I published one paper in the Lancet, one in the BMJ, and gave an interview on top of a shipyard crane for the BBC's programme Panorama. By that time I was hooked on research (and sometimes people listened to me in the pub).

After my MRCP and MD, I switched into psychiatry at the Maudsley Hospital in south London – this was a great place, nobody ever mentioned golf but everyone talked about research. I just loved it though in those days; my first project examined the theory that schizophrenics might be walking hallucinogenic factories; so I spent six months collecting gallons of urine from patients to search for a hallucinogen called Dimethyltryptamine. Then I received money from the MRC to go off to the USA for a year (NIH in Bethesda) where I heard the great neurochemist Seymour Kety say 'Studying the urine of patients with schizophrenia in order to discern the neurochemical basis of psychosis is like examining the sewers of the Kremlin in an attempt to understand the policies of the Soviet politburo'. So much for Dimethyltryptamine! After that I did more sensible research at the Institute of Psychiatry and eventually headed the largest schizophrenia research group outside the USA. Research has always been, and remains, fun for me. It has also provided a means to change things – since traditional medical beliefs are often nonsense, you can use your data to attack the dogma (and if necessary the dogmatic). Surprisingly, it is not as difficult as one might think to change the way we look at disorders.

*'Research has always been, and remains, fun for me. It has also provided a means to change things.'*

## Advice to someone interested in academic medicine as a career

Find out the best researchers locally in the field that interests you, go and talk with them, and offer to do a project. They will be flattered that you ask their advice, and most good researchers are always on the look out for an extra pair of hands to test their latest idea.

Having worked on a project (no matter how daft), you will have learned a bit about the field, and where the best unit in the world is. Try to get there – it's often easier than you think. For example, American research units are often short of junior fellows as young American doctors prefer private practice.

Focus on one area. You need a specific skill, not to be a jack of all trades.

Spend most of your time learning from your contemporaries, and from people in related basic sciences. You will have to listen to your seniors, but don't expect them to have any novel ideas.

Once you have junior staff, always find something about their work to praise. Encouragement gets you more applicants; criticism rapidly loses you good researchers.

Learn how to give lectures. Don't make them full of tedious methodology. Try to sprinkle jokes into the molecular biology or factor analysis, and always interact with the audience. You will get your message across more readily if at least half of them are awake.

React to rejection of grant applications (or papers) initially in a totally paranoid way, and for 48 hours denounce the referees as fools and idiots. Then calm down and make sure your next attempt is so good that not even your worst enemy can stop it being funded (or published).

Do not be flattered into wasting your time on the committees which mushroom at every turn in universities and the NHS. The way to become a professor is to learn how to avoid the nine committees that are a total waste of time, but to be able to identify the 10th one that you really must go to because it can either achieve something, or alternatively take away all your space and resources!

**Name:**

Professor Irwin Nazareth

**Specialty:**

Primary care and general practice

**Current position:**

Director of MRC-General Practice Research Framework,  
University College of London

**Reason for nomination**

Professor Nazareth has demonstrated how a GP can be both a clinician and a researcher. He still works as a part-time GP, as well as an academic. He is an excellent supervisor and is keen to develop researchers. He puts in a tremendous amount of time working with junior researchers and also provides guidance and support. He is approachable and grounded in reality. He is highly skilled and knowledgeable, and an excellent role model, particularly in academic primary care.

**Nominee's response**

I am embarrassed by these comments and honestly do not know how to respond. However, I am pleased to be nominated as a role model but feel sure there are many other academics who are doing as much, or more than I do. I have always had a keen interest in supporting junior clinical and non-clinical researchers and it gives me tremendous pleasure to see them develop into independent practitioners and/or researchers. This is something most senior academics should offer to junior staff.

**Career path**

I completed my basic medical degree in Bombay, India-MBBS (1984) and arrived in the UK in August 1984. I began my general practice training in the UK and also completed several SHO posts in a range of specialties. My initial interest in research began as an SHO in psychiatry when I designed and completed a small study on the use of Benzodiazepines in A&E medicine. This was published in 1988 in the Journal of the Royal Society of Medicine. My next research project was undertaken as a GP trainee project. This eventually led to publications in the BMJ (1993) and the Journal of Psychosomatic Research (1994).

I started working as a researcher at the UCL in 1989. These were the early days of academic primary care research. In my first year at the department of primary care & population sciences, UCL, I secured funding for a research fellowship award for two years from the Sir Jules Thorne Charitable Trust (1990-92) and later from the MRC for another two years (1992-94). This allowed me to develop a research programme on the care of schizophrenia in general practice. The fellowship programme was the foundation for a future career in primary care research and equipped me with the training and skills to develop into a community clinical researcher. During this time I worked as a retainer in general practice. This involved two to three sessions of clinical work per week over the four-year fellowship period.

In 1995 I was promoted to a senior lecturer post in primary care at UCL. Having acquired some of the key research skills, I felt empowered to pursue clinical practice with a view to apply these ideas to practice. I was also inspired by the training that I had received in EBM from David Sackett and Scott Richardson at this time and I decided to develop a clinical practice with a strong focus on evidence based medicine. In 1995, together with two other colleagues, I undertook to develop a small single-handed practice with 3,000 patients and four general practice staff with the vision of creating a practice that offered a high level of clinical care and served as a research centre. I initially spent more than half my time in clinical practice (six sessions/week) and the rest of my time in academic primary care. Over the last 10 years the practice has grown in size to 8,500 patients, with five GP partners and a staff complement of 100 people and is now recognised as one of the innovative clinical and lead research practices in North London (the Keats Group Practice). During this time, I was also instrumental in developing one of the first out-of-hours services in North London in close collaboration with the Camden and Islington Health Authority (CAMIDOC). I served as the medical director to CAMIDOC for three years. CAMIDOC started as a small GP out of hours cooperative that provided a service to 30 practices and has since grown to one that offers out-of-hours services to a major section of north and central London.

*'Do not be timid about launching into an academic career late in your professional career. Mature clinicians have a lot to offer academic medicine and the future doctors.'*

While at the Keat's Group Practice, I continued to develop my research interests in mental health research. My interest in international research began following the receipt of a British Council Grant designed to develop services and research in the black homelands of South Africa. This grant attracted further funding from a charitable trust and led to a large epidemiological community study and a primary care morbidity study. Following the success of this work, I developed a grant application to run a large cohort study on depression in primary care in six European countries. This was funded by the European Commission and is still in progress (2002-06). I have also developed a research portfolio in India on coronary heart diseases and alcohol (2003-06).

In 2002 I was appointed to the chair of primary care and population sciences at the UCL. To date I have been involved in the supervision of just over 40 researchers, many of whom became independent researchers or clinicians. Over the years, I have worked on developing the infrastructure for primary care research in the UK through my work with the north London research network. I have applied these skills to the development of international research networks in each of the non-UK based studies that I have collaborated with local academics in the six European countries, South Africa and India. Most recently (2005) I have been seconded to the MRC GPRF for three years from the UCL. Over the next three years I will be actively engaged in establishing links between the MRC GPRF and the clinical research networks in cancer, mental health, diabetes, stroke, medicines for children and neurodegenerative diseases and dementias that will be developed across the UK through the activities of the UK CRN. I will also work closely with the MRC and the DOH to develop a coordinated infrastructure to conduct primary care research across the UK.

### **Advice to someone interested in academic medicine as a career**

Always pursue your true interests and do not endeavour to do something that you do not feel passionately about.

Do not be timid about launching into an academic career late in your professional career (for example, after having worked for several years in clinical practice). Mature clinicians have a lot to offer academic medicine and the future doctors.

Try to clarify your area of academic interest (eg teaching or research and if research, the field of research you would wish to pursue) very early in your medical career. If you are uncertain about what your interests are, try a range of academic options before settling for what might be possibly your lifetime interest.

Always maintain contact with clinical services that are relevant to your specialty. This will enhance your academic work and allow it to be firmly rooted in clinical reality. Most early research ideas stem from experiences with patients and your interactions with clinical professionals.



**Name:**  
Professor David Nutt

**Specialty:**  
Psychiatry-psychopharmacology

**Current position:**  
Head of Community Based Medicine and Professor of Psychopharmacology, University of Bristol

### Reason for nomination

Since my arrival in his unit, David has been an inspirational leader for me. He is intellectually generous to a degree one seldom meets. He has shown almost boundless enthusiasm to research. His egalitarian approach to recruitment has given many a chance who would otherwise have not considered a career in academia.

### Nominee's response

I am delighted to have been able to foster research interest in a young psychiatrist.

### Career path

As a medical student I always intended to work on the brain – hence I did psychology rather than pathology as an undergraduate. Post qualification I explored neurology but found the lack of interest of most consultants in psychological issues too limiting, so I moved into psychiatry after completing an MRCP. I had the pleasure of working with two very different but leading professors of psychiatry – Jim Watson at Guy's and Michael Gelder at Oxford, as well as spending three years in the MRC unit of clinical pharmacology in Oxford. After becoming a Wellcome trust senior clinical fellow and honorary consultant in Oxford, I spent two years at NIH running the alcohol research ward as a Fogarty Fellow. In 1988, I obtained industrial funding from Reckitt and Colman to return to the UK to set up the psychopharmacology unit in Bristol, where I have been ever since, as unit director with spells as head of psychiatry and dean of clinical medicine.

### Advice to someone interested in academic medicine as a career

Follow your own path – search for answers to your own questions – share ideas and support with your peers and always remember Semmelweis [others may mock but if you are correct history will vindicate you].

*'Search for answers to your own questions.'*



**Name:**  
Professor Rosalind Raine

**Specialty:**  
Public health

**Current position:**  
Professor of Health Services Research,  
University College London

### Reason for nomination:

I have worked with Rosalind for around seven years. In that time I have seen her complete her PhD, lead the largest ever study of consensus methods in healthcare (on an MRC clinician scientist award) and she has now started a programme of research on the impact of healthcare inequalities (on a Department of Health Career Scientist award), all of which I have been involved with to some extent. I am continually amazed at her ability to complete everything she takes on in a professional way, to the highest standards and to deadline. She takes an active role in the life of the institution (eg, as a member of the Board of Management) and work with the NHS (at NE London SHA). She has acted as a mentor for my own career development and her reputation is such that others actively seek her out as a PhD supervisor and research collaborator. I strongly believe she is an excellent role model for academic medicine.

### Nominee's response

Thank you so much! I have always been lucky enough to have had mentors throughout my career. I now see part of my current role as helping talented people to fulfil their expectations and their potential.

### Career path

I graduated in medicine (having taken an MRC funded intercalated BSc in psychology) from UCL and was then an SHO at the Hammersmith. This was followed by an SHO year jointly at the Department of Epidemiology and Public Health at UCL and in the Department of Public Health at Bloomsbury and Islington Health Authority. This was an incredibly exciting and inspiring year, mainly because I was lucky enough to work with charismatic, welcoming, and intellectually challenging academics and public health professionals, all of whom have gone on to do great things. By the end of this year I was committed to training in public health and was therefore advised to work in the community for a year before joining a public health training scheme. This was an excellent piece of advice and during my subsequent year as a GP trainee, I gained a real insight into the everyday challenges that less advantaged or marginalised people have to cope with... It put some of my thoughts about health and health care inequalities into context and this further inspired me to pursue a career in public health. As part of my public health training, I undertook a masters degree in public health and then went on to undertake an MRC funded PhD in health services research, both at the London School of Hygiene and Tropical Medicine (LSHTM). My PhD research focused on inequalities in the use of health care and the extent to which this could be explained by clinical need as opposed to non clinical factors including ethnic group and gender. It was not until about half way through my PhD that I realised that I wanted to pursue an academic career. After my PhD, I received an MRC Clinical Scientist Fellowship which allowed me to conduct four years post-doc research at LSHTM. This was followed by a five year Department of Health Career Scientist Award. I also completed my training in public health medicine and I am a Fellow of the Faculty of Public Health. I am a scientific adviser to the World Health Organisation (Department of Reproductive Health and Research) and to the National Collaborating Centre for Primary Care. These affiliations are important to me as they enable me to at least believe that some of my research will be put to some practical use. I also sit on several panels including the MRC Health Services and Health of the Public Training and Career Development Panel which fits with my interest in helping other clinical academics to pursue their passions. Recently I moved to UCL as Professor of Health Services Research in the Department of Epidemiology, where I lead the Health Care Evaluation Group. I am also Assistant Director of Research and Development at UCLH. This is an incredibly exciting move because an important part of my role here is to further strengthen health services research at UCL by facilitating collaborative, multidisciplinary research across UCL, including the specialist Institutes and at UCLH.

*'A successful career partly depends upon a combination of good mentors and getting things finished - don't let things go.'*

I have had a relatively fast track academic career and I am convinced that gaining several tranches of MRC funding was incredibly helpful. I didn't plan an academic career, but I have been applying for grants and writing research articles since my second year of medical school. At that time it was borne of necessity- I needed external funding to enable me to undertake the BSc that I was really keen to do. I have also always been interested in social justice, even before I knew that there was a specialty – public health- that was concerned with the issues that fascinated me. I manage to balance motherhood with an academic career, but only with immense support from my husband. There is always a nagging conflict between family and work-you just have to accept this as the state of play.

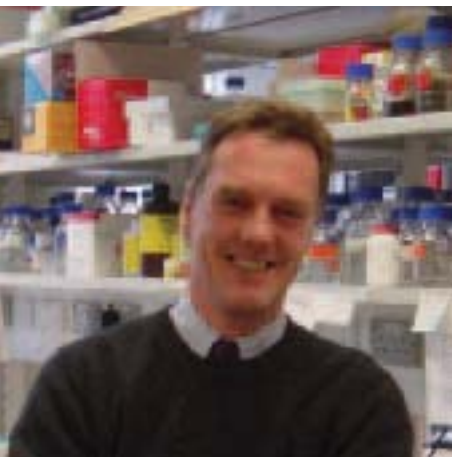
### **Advice to someone interested in academic medicine as a career**

As a house officer I was given the invaluable advice that I should go for the best job possible in order to have more freedom of choice later on. Gaining prestigious funding is also enormously helpful. It is worth spending time on writing thorough and rigorously thought through applications with the help of your potential supervisor.

Role models are crucial. If you respect someone, do not be afraid to ask for their advice about your career development. They will probably be delighted to help you. Seek out someone who you admire, who is in a similar but not necessarily identical field as you and with whom you will be prepared to explore complex issues arising as your career and often family life develops. It is vital to have someone who is interested in you and your work and who does not have a conflicting agenda for you. You need to have a mentor who helps you to see that it is possible for you to do what you want to do.

A successful academic career also partly upon getting things finished. Don't let things go- write up all your research, even if your earlier pieces are less likely to be published in leading peer reviewed journals.

Most importantly, don't let opportunities slip from your grasp. Whether or not you are successful in everything you attempt to do, you will always have learnt something very useful for the next time.



**Name:**  
Professor Peter Ratcliffe

**Specialty:**  
Nephrology

**Current position:**  
Nuffield Professor of Medicine, Oxford University

### Reason for nomination:

Professor Ratcliffe is a clinician with an interest in basic science of clinical relevance. He has recently been elected a fellow of the Royal Society and maintains a strong clinical component to his work.

### Career path

I was fortunate in obtaining an excellent clinical training, and then, at quite a late stage in my career, having the opportunity to pursue a career in cellular and molecular biology within the Weatherall Institute of Molecular Medicine. Here I was surrounded by some highly competent scientists, so that, despite little formal training, I was able to progress by simply asking advice from those around me. I was also fortunate in gaining funding from the Wellcome Trust as a Senior Fellow, with very little experience in my chosen field (understanding how cells sense oxygen). Since the programme of work turned out quite well, I'm grateful to that Wellcome Trust interview committee for spotting the utility of the project and understanding that, if funded, I might ultimately be able to progress it effectively, despite the relative lack of research training.

### Advice to someone interested in academic medicine as a career

Since I started my main research career after clinical training to consultant level, at the age of 35, I suppose one piece of advice is that a relatively late start in a research career is not necessarily a disadvantage. Opportunities to do this are limited, and without some start-up money from the National Kidney Research Fund, and then a relatively unusual decision from the Wellcome Trust's Senior Fellowship committee, I would not have been able to do this myself.

Advice to the clinical scientist – well, I think it is risky to make general statements since research direction is unpredictable, and with it the personal and scientific opportunities. But one thing that has been said so many times before, remains worth emphasising; the importance of picking a research topic that one believes is tractable and then persist with that problem. It is quite common that the importance of a discovery is only appreciated in hindsight, so selection of a research field should be governed by tractability rather than perceived importance.

*'A relatively late start  
in a research career  
is not necessarily  
a disadvantage.'*

**Name:**

Dr John Rees

**Specialty:**

General and respiratory medicine and medical education

**Current position:**

Dean of Undergraduate Education and Head,  
Division of Medicine Education, King's College, London.

**Reason for nomination**

A cool but empathic vision of the future of undergraduate medical teaching; leading the development of a new curriculum; providing guidance for both teaching staff and students alike. In these days of indescribable pressure on clinical teachers, Dr Rees has provided a major boost to cohesiveness and motivation among medical teachers.

**Nominee's response**

I'm honoured to be nominated but what does 'cool but empathic' mean? When my daughter says cool I suspect it's complimentary, but I'm not so sure here.

**Career path**

I undertook various training posts in general and respiratory medicine and two years research in respiratory medicine leading to an MD. I was fortunate that some of these posts had an academic element with titles such as junior lecturer, lecturer, clinical tutor. They linked me to academic pursuits in the medical school and particularly, to teaching. A greater freedom to be involved in the organisation and delivery of undergraduate teaching convinced me that this was what I wanted to do. I've been a consultant and senior lecturer since 1983 and my post has always included responsibility for elements of medical education and I have gradually expanded that role. During that period I undertook some more formal involvement in teaching through a certificate and diploma in medical education.

**Advice to someone interested in academic medicine as a career**

My comments really relate to those for whom education is the main interest rather than research. The new academic F2 posts and other academic fellowships and lectureships being developed may offer more encouragement and a starting point for those interested in medical education.

One of the major problems is that education is still regarded as the poor relative of research in medical academia. This means that advancement in education tends to be related to research in to education rather than quality of organisation and delivery. Therefore, it is important to be active in this area. This may not be in the best interests of education in most medical schools since an overwhelming interest in medical education research is likely to take you away from the area of organisation and delivery, which is where most schools really need the high quality input.

I would recommend getting some educational theoretical expertise by taking a masters degree in medical education fairly early in one's career. This allows you to be fluent in education speak even if this is not a form of speech you will want to use very often with clinician colleagues.

Follow this up by going to meetings such as ASME and AMEE, consider some publications around the educational area and develop greater depth in an area of expertise within medical education, related to eg, curriculum development, assessment.

*'I would strongly recommend maintaining a reasonable degree of clinical involvement. This allows you to keep credibility as a teacher yourself – and that's what interests most people to enter the area in the first place. It also gives you better communication with clinical colleagues.'*

I would strongly recommend maintaining a reasonable degree of clinical involvement. This allows you to keep credibility as a teacher yourself – and that's what interests most people to enter the area in the first place. It also gives you better communication with clinical colleagues and a lot of time is likely to be spent in negotiations with clinical (not academic) colleagues who do the majority of the teaching in most medical schools. Also, it's good to have two parallel interests, with any luck one of them is going right at any time. So you need to keep the credibility with your clinical colleagues and the academic credibility with the university/school through some academic scholarship as well as just teaching well.

Remember that most medical schools are large beasts, they need a lot of time, energy and negotiating skills to move in any particular direction. You will need to plan and communicate widely, effectively and repeatedly if you want to make the changes you think are necessary in education. Remember that most colleagues are very busy people and if there is a way they can avoid reading any communications, especially if sent round to large numbers of people, they will. So get out and meet them, talk to them.

Always remember that you are trying to teach medical students, a group of highly intelligent people, most of whom are highly motivated and can be great fun to teach.



**Name:**  
Professor Caroline Savage

**Specialty:**  
Nephrology

**Current position:**  
Professor of Nephrology, University of Birmingham

### Reason for nomination

For being successful in a male dominated environment without compromising principles and for supporting and nurturing the careers of many academic staff in a collaborative manner. Professor Savage has inspired my interest in academic medicine through her enthusiasm and knowledge.

### Nominee's response

The nominator mentions a male dominated environment. Personally I believe that diversity in the workplace leads to a stronger and more dynamic environment that leads directly to innovation. Diversity includes not only gender differences but also differences in racial origins and background.

As for collaboration, this is what makes science fun. Although competition between investigators can, on occasion, add edge, collaboration is a far more economic and productive way forward. It requires understanding and trust between investigators, so such values do need to be nurtured and protected in young investigators. Collaboration can cross laboratories, cultures, countries and much more.

Academic medicine is exciting. It has an innate fascination since there is always an unknown around the corner. Louis Pasteur is accredited with saying that 'chance favours the prepared mind', and there are many elements of chance in academic medicine that present opportunities. In many ways, to participate in academic medicine is a privilege as one is part of a team whose players are not always apparent. However, each member can contribute, even in small ways, to increasing the knowledge base that ultimately allows major breakthroughs to occur.

### Career path

I completed an intercalated BSc during medical course and qualified from the Royal London Hospital Medical School in 1978. I completed my registrar and senior registrar training at the Hammersmith Hospital and Royal Postgraduate Medical School. Between these appointments, I undertook a Medical Research Council clinical training fellow, leading to a PhD and MD. I was then awarded a Medical Research Council travelling fellow to Harvard University, Boston USA. I took up a clinical research appointment at the Clinical Research Centre of the Medical Research Council, Harrow. In 1993 I was appointed as senior lecturer and then professor of nephrology (1998) at the University of Birmingham. I was also programme director of the Wellcome Trust Clinical Research Facility in Birmingham from 2000. I was elected to the Academy of Medical Sciences in 2004.

### Advice to someone interested in academic medicine as a career

I would advise anyone who is seriously interested in a career in academic medicine to find a mentor who is (a) interested and knowledgeable in the same academic field, and (b) willing to take an interest in your career, listen to your concerns and give considered advice.

When Ellen MacArthur, the round-the-world yachtswoman, was speaking to a group of school children about their sailing ambitions she told them that if they had set their heart on something, then 'never to give up'. The same is true in academic medicine.

*'In many ways, to participate in academic medicine is a privilege as one is part of a team whose players are not always apparent. However, each member can contribute, even in small ways, to increasing the knowledge base.'*



**Name:**  
Dr Alex Scott-Samuel

**Specialty:**  
Public health

**Current position:**  
Senior clinical lecturer, Division of Public Health,  
University of Liverpool

### Career path

I qualified in medicine at the University of Liverpool in 1971, and took my masters in community health in 1976. From 1978-94 I was consultant in public health with Liverpool Health Authority. Since 1994 I've been senior clinical lecturer in the division of public health at the University of Liverpool, where I direct IMPACT (the International Health Impact Assessment Consortium); Liverpool Public Health Observatory and EQUAL (the Equity in Health Research and Development Unit). My chief research interests are in health impact assessment, health politics and policy, and health inequalities. I lead the health promotion module on the Liverpool MPH course.

From 1979-85 I was founding editor of the journal Radical Community Medicine (now Critical Public Health). Together with Peter Draper, I established the Public Health Alliance (now the UK Public Health Association) in 1986. In 2003, I was a co-founder of the Politics of Health Group. I am vice chair of the Pioneer Health Foundation (founders of the Peckham Experiment). I am also married with two daughters, enjoy singing in a choir and being part of a men's book group and a poetry discussion group.

I have always been politically active and public health is one specialty in which the relevance of policy is extremely clear. I strongly believe that health and medicine are determined by political forces/factors and this can be acknowledged in public health. This is largely the reason I pursued a career in public health.

### Advice to someone interested in academic medicine as a career

It is extremely important to have role models, either current or historical. It is important to lead by example, so that others have the confidence to open doors too.

You must acknowledge the constraints of working in an academic environment-these are unavoidable-but you need to focus on areas which interest you and pursue them! 'Don't let the system grind you down!' Don't let the RAE criteria stop you from breaking new ground and focusing on what you enjoy. Although the constraints/barriers are often impossible to avoid, it is important to take them with a pinch of salt.

Contributing to the health knowledge base is just as important as satisfying your superiors.

An academic setting allows you to think more clearly and with more freedom, even if it clashes with government policy. Academic freedom is very important and should motivate people.

When it is not possible to pursue health related interests through work, look at other avenues, eg, politics of health group – [www.pohg.org.uk](http://www.pohg.org.uk)

*'It is important to lead by example, so that others have the confidence to open doors too.'*

**Name:**

Dr Elsy Speechly-Dick

**Specialty:**

Cardiology

**Current position:**

Consultant Cardiologist (part time) University College London Hospital

**Reason for nomination**

Elsya is a consultant cardiologist who has succeeded in a field of medicine which is still male dominated, without compromising on her commitment to a balanced work and family life. In between having her children (three boys aged nine, seven and four) she wrote an MD on ischaemic pre-conditioning and trained part time in invasive cardiology. She is an expert in the field of ischaemic heart disease, she teaches undergraduates and is one of the consultant leads for the undergraduate cardiology course at UCL. She is an educational supervisor for foundation year 1 house officers and is a mentor on the UCLH trust mentoring scheme. She is also a mentor for female cardiology trainees. She has always treated her patients and her juniors with kindness and respect. She practises what she preaches, walking her sons to and from school on most days (30 minutes each way) cooking for them and providing them with a healthy diet.

**Nominee's response**

I was flattered to have been nominated as an academic role model. Although I do not have a formal academic post, I have been involved in teaching throughout my career.

**Career path**

I studied undergraduate medicine at St Andrews University and completed an intercalated BScHons degree in clinical medicine at Addenbrooke's Hospital, University of Cambridge. I undertook my training in general cardiology at various hospitals in London, including a year of cardiology with general medicine at the Whittington Hospital. During the final year of this registrar rotation I applied for a British Heart Foundation research fellowship to enable me to study for an MD. I received a two year BHF fellowship and honorary clinical registrar post in the department of clinical and academic cardiology UCL and studied for my MD at the University of Cambridge. After a break of six months maternity leave I returned to work at UCL as a part time registrar (flexible trainee) and after a year, I successfully applied for a senior registrar post at UCL on the flexible training scheme. I had a further six months maternity leave in 1998 while working as a part-time senior registrar. I gained my CCST in cardiology in 1999 and continued working as a flexible trainee (seven sessions) until July 2000 when I took up a locum Consultant and honorary senior lecturer post in cardiology at UCL. I had a further six month period of maternity leave in 2000/01 and in 2003 I was appointed to a substantive post as a consultant cardiologist (part time). My initial remit was to set up a new service for UCH, a rapid access chest pain clinic.

Most of my appointments have been at teaching hospitals or postgraduate centres and I have therefore, been involved in teaching throughout my career. In particular, for the last 15 years I have taught medical undergraduates at University College London Medical School (UCLMS). During my time as a registrar I had frequent commitments to teach nursing staff, clinical students and junior doctors on the wards and regularly taught students in out-patient clinics. Other examples of teaching include coaching junior doctors for the MRCP examination, examining and lecturing on the formal MRCP course at the Whittington Hospital and while at the Whittington running a resuscitation training course for radiology department staff (1991-92). During my time at UCL as a research fellow (1993-95), I taught clinical physiology to second year medical undergraduates at UCLMS. This included lectures, weekly tutorials, practical demonstrations and mentoring. I have trained registrars safely in invasive procedures such as cardiac catheterisation and pacing. Once the rapid access chest pain clinic became established I expanded my teaching commitments and am now one of the consultant leads for the new cardiology course for undergraduates at the Heart Hospital. I have become an educational supervisor for foundation year 1 house officers. I have also taken on the role of organising and supervising the compulsory core curriculum audit projects for SHOs. I am a co-founder and director of a cardiology course for GPs set up in 2003.

*'Find other part timers at your trust and get in touch for moral support and advice.'*

In 2004 I was part of a British Cardiac Society working group looking at women in cardiology in the UK. It was clear from researching the data for this report and from the overall findings of this group that women needed a higher profile in cardiology. As a result of the report a new post was created at the British Cardiac Society with a specific responsibility for women's interests. The need for mentors for female trainees also became apparent and I have since trained as a mentor to become part of a national network so that I can offer this resource. I have also become a formal mentor for consultant colleagues at UCH.

### **Advice to someone interested in academic medicine as a career**

My advice is particularly relevant to part-timers!

It can be very difficult to find a part-time consultant post in some specialties and the best course of action is to try to design your own job. Try to find a niche. You are most likely to get a job where you are already well known and trusted.

Allow sufficient time for CPD in your contract and bear in mind that you are allowed to do some work off-site, eg, at home, and this will give you added flexibility.

Maintain links with a medical school if you would like to teach undergraduates and medical students.

Find other part timers at your trust and get in touch for moral support and advice.

Make sure you do not take on commitments you cannot fulfil and always do what you say you will. It is very important for part-timers to be seen to be reliable as you are not always there. Meticulous handover is essential.

If you need childcare make sure it is reliable and that you have back up if possible so that home commitments do not interfere with time at work.

Be clear about how long you need to train and complete all documentation. RITA assessment committees may know less than you about the rules for part timers.

**Name:**

Graham Taylor and Sarah Fidler

**Specialty:**

GU/HIV medicine

**Current position:**

Senior lecturers, GU Medicine & Communicable Diseases, Faculty of Medicine, Imperial College, London

**Reason for nomination**

I would like to nominate a team of academics which include Graham Taylor (for the depth of his knowledge, involvement with HIV in pregnancy and calm professional manner with colleagues and patients) and Sarah Fidler (for her brilliant rapport with patients, in depth knowledge, enthusiasm and for combining her part time job as a senior lecturer in HIV with being a mother of three)

**Nominee's response**

*Sarah Fidler*

I am very pleased to have been nominated as a role model. It has been crucial for me to have had over the years, a mentor and constant support both practically and personally to guide me through what at times felt like an unachievable goal.

**Career path**

*Graham Taylor*

I missed out on a formal SHO general medicine rotation but managed to string together a series of medical speciality SHO posts in the West Midlands which have stood me in good stead. I then spent two years as a medical registrar in a DGH in South Wales and three years as a general physician in the Solomon Islands. It was there that I first became interested in HTLVs. My experience of research until then was of disgruntled and disillusioned MDs. I was incredibly lucky, on returning to the UK to find a job at St. Mary's hospital as a clinical research fellow working on HIV clinical trials. Here I was given space, time and encouragement to develop clinical and research skills. I held on to my clinical research post for 8 years through various funding until appointed to my current post as clinical senior lecturer.

*Sarah Fidler*

I trained at King's College London and completed a BSc in immunology at University College of London with Professor Ivan Roitt, who was an inspiration to immunology and HIV at a time when HIV was first diagnosed in the late 1980s. I undertook my SHO rotation at St Marys hospital, Brompton Hospital MRCP parts I and II, followed by GUM medical registrar training. I gained an MRC training fellowship to undertake my PhD in HIV immunology at Imperial College. I then went on to a post graduate clinical SpR/academic lecturer post (part time) at Imperial College, and then progressed to my current position of CCST senior lecturer in HIV/GUM at Imperial College.

*'Don't expect immediate results. Do expect a lifetime of fulfilment.'*

## Advice to someone interested in academic medicine as a career

*Sarah Fidler*

Be clear and confident that you are prepared to be different. The main pit falls I have experienced is falling between the academic and clinical requirements for training and general commitments. The SpR training process does not take into account anyone doing anything different and the pressures of clinical academics are such that they must achieve in terms of papers, grants etc as non-clinical colleagues. I am hopeful this may change but at present these are the main pitfalls. However, if this is possible to negotiate then a clinical academic post is hugely rewarding and in my opinion far more challenging and stimulating than a pure clinical role.

*Graham Taylor*

Don't expect to complete your CCST with your peers. Do have a passion for a project before you start. Be prepared for disappointment, rejection and long hours. There is no end to research or the number of hours that you could put in. Don't expect immediate results. Do expect a lifetime of fulfilment.

*'A clinical academic post is hugely rewarding and in my opinion far more challenging and stimulating than a pure clinical role.'*

**Name:**

Dr Mark Walport

**Specialty:**

Medicine

**Current position:**

Director, Wellcome Trust

**Reason for nomination**

An inspiration at every level of my career.

**Career path**

I completed my undergraduate studies of medicine at Cambridge and then began my clinical training at the Middlesex Hospital Medical School. I went on to hold junior doctor posts at the Hammersmith, Guy's and Brompton hospitals. It was clear to me from my early experiences of the opportunities of undertaking research informed by clinical practice that I would find the clinical academic pathway most satisfying. I therefore returned to Cambridge to undertake a PhD at the Medical Research Council Mechanisms in Tumour Immunity Unit. From there I moved to a senior lecturer post at Royal Postgraduate Medical School (RPMS) at Hammersmith, where I progressed from senior lecturer to the post of Professor of Medicine and Vice-Dean for Research. In 1998 the RPMS merged with Imperial College London and I became Head of the Division of Medicine in this newly formed division. In 2003 I began my tenure as the Director of the Wellcome Trust.

**Advice to someone interested in academic medicine as a career**

The most important decision in starting an academic career pathway is the choice of laboratory and especially, the supervisor for your research training. It is only excellent research workers that can provide the best training for future generations. It is essential to take good unbiased advice from several trusted advisors on potential supervisors and training environments. Consider what type of research may excite you – the variety is endless and includes population-based studies (public health, clinical trials, health services research), work on the pathophysiology of disease, and very basic research on the fundamental biological mechanisms that underlie health and disease. Visit the research environment and talk to your potential supervisor and to the trainees and postdoctoral workers that are working as part of the research group.

Be adventurous and take opportunities – the key to a successful academic career is finding a research niche in which you are competitive with the best in the world. Don't be afraid to spend some time doing research overseas – but always do the due diligence to establish that the research environment is first class.

Mentorship from senior colleagues, advice from peers and others has been vital to shaping my career – the experience of others is invaluable and has helped me enormously.

Team working has also been an important part of my career - collaboration is better than trying to do things alone. Teams moreover provide the support and nurturing that junior academics need to find their feet.

No two academic careers are identical - the opportunities to do your own thing are endless!

*'Be adventurous and take opportunities – the key to a successful academic career is finding a research niche in which you are competitive with the best in the world. Don't be afraid to spend some time doing research overseas – but always do the due diligence to establish that the research environment is first class.'*



**Name:**  
Professor Peter Weissberg

**Specialty:**  
Cardiovascular medicine

**Current position:**  
Medical Director, British Heart Foundation

### Reason for nomination

Professor Weissberg has been a constant source of inspiration throughout my career.

### Nominee's response to nomination as role model

I am flattered and grateful for the opportunity to encourage young doctors to enter academic medicine. This is a good opportunity to get a message across and to inspire other doctors to enter academic medicine. Role models are crucial to academic medicine and are part of the current problem with recruitment and retention-there are not enough good senior academics who can act as role models. Young doctors don't get the exposure to senior academics that they used to.

### Career path

I graduated from the University of Birmingham in medicine and undertook my early training in clinical cardiology and general medicine in the west Midlands. I then received an MRC training fellowship and worked as a lecturer in cardiovascular medicine at the University of Birmingham. I was then fortunate to receive an MRC travelling fellowship to the Baker Institute in Melbourne, Australia. This was the first opportunity to undertake 'proper' research in cell biology and was the turning point that steered my career towards academic medicine. I undertook British Heart Foundation (BHF) senior research fellowship at the University of Cambridge (hon consultant cardiologist) and went on to take up a BHF professorship in cardiovascular medicine at the University of Cambridge (Hon Consultant Cardiologist). I then became director of cardiology in Addenbrooke's Hospital and took up the post of medical director at the British Heart Foundation in January 2005.

### Advice to someone interested in academic medicine as a career

I have been lucky enough to work in places that are sympathetic to both a clinical and research career. Essentially, I have been able to shape my own daily activities to accommodate both clinical work and research. In my view, a career in academic medicine is more flexible than a career in the NHS. It is essential that you are able to work in an environment that is sympathetic to combining academic and clinical work. If someone is interested in an academic career they should seek a university department that has a track record in looking after and training medical academics.

In my view, academia is about being the best, not second best. We need to value academic medicine. Don't expect to be able to do everything- it is simply not realistic. It is possible to combine a clinical career with research, but you need to focus. One of the reasons I moved to the British Heart Foundation (BHF) was to put myself in a position where I could directly influence recruitment and retention in academic cardiology. The BHF is committed to supporting academic medicine and in particular the resurgence of clinical research. To ensure that academic cardiology is properly resourced, we are contributing (through the Wellcome Trust/Wolfson Foundation national initiative) to the funding of clinical research facilities and will be funding a number of clinical lecturer posts in cardiology in line with Modernising Medical Careers. We are also in the process of revising our personal fellowship scheme to ensure that promising academics have a career path suited to their needs. This will include research leave fellowships for NHS consultants who wish to have dedicated research time. I am always happy to talk to budding academics and point them in the right direction.

*'Academia is about being the best, not second best.'*

