Royal College of Physicians

Specialty career biographies digest 2021/22



Introduction

This specialty career biographies digest has been created as a free resource for RCP subscribing members, and registered delegates for the RCP specialty careers showcase broadcast on RCP Player in 2021. The virtual conference is available on demand until 1 March 2022, and new delegates can still register to take advantage of conference content.

The RCP specialty careers showcase, and its wealth of included resources, provides essential information for those looking to pursue a career in medicine. This unique day, hosted by the RCP regions team, brought together all medical specialties to offer guidance and advice for trainees, from first-person accounts, specialist societies and much more.

Embarking on a career in medicine is both exciting and challenging. There is no substitute to hearing from those already working in, and passionate about, their own specialty when planning your own career direction. In addition to the extensive conference programme, all medical specialties were invited to provide a career biography to share their insights with the trainees and provide useful information that they would have wanted to know at this critical stage.

This digest is a compilation of all the biographies from the conference. We hope that you will enjoy reading these inspiring testimonies and that they will provide some useful insight for making your future career decisions.

RCP regional team
UKregions@rcp.ac.uk

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It's not too late to access the RCP specialty careers showcase talks and resources.

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NB: training grade (if applicable) and trust were correct at the time of publishing.

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Dr Greta Wood
RCP member for 4 years

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RCP specialty careers showcase

Acute internal medicine



Dr Katrina Sheikh

Acute medicine specialty registrar (ST7),
Royal Free London NHS Foundation Trust

According to Dr Sheikh…

- **compassion**
- **honesty**
- **humility**

are the three top skills or attributes required for success in this specialty

Why did you train in your specialty and what have you enjoyed?

Acute medicine (or acute internal medicine – AIM) is the hospital specialty concerned with the assessment, diagnosis, and treatment of adult patients with urgent medical needs. It was formally recognised as a specialty in 2009, having previously been a subspecialty of general medicine (Society for Acute Medicine).

I had considered specialising in gastroenterology or geriatric medicine but when revising for my MRCP I realised I loved a bit of everything! There is a broad spectrum of clinical work within the specialty, including the immediate management of life-threatening medical emergencies, the initial treatment (first 72 hours) of all presenting general medical conditions, and the provision of ambulatory care. As an acute medic I see critically unwell patients in resus, I carry out and supervise lots of procedures including chest drains, ascitic drains and lumbar punctures as well as running SDEC (same day emergency care), which is an ambulatory clinic.

I also learnt that there is a strong focus on management and leadership, allowing doctors who train in acute medicine to set up and run successful acute medical units (AMUs). I have also been able to follow my interest in leadership and have recently completed the RCP Chief Registrar Programme as well as a PGCert in leadership for health professionals.

I have really enjoyed training in acute medicine and I have met some amazing colleagues and friends along the way. Acute medicine is considered the heart of the hospital where you work and interact with lots of different specialties so that patients can get the best possible care in the acute setting. I have had the opportunity to learn so much from my colleagues and it is paramount that we work together so patients can get the right care at the right time.

Are there any common misconceptions about a career in acute medicine?

I think acute medicine frequently gets criticised for not being an 'actual specialty.' It is a relatively new specialty but has really grown into its own. We can overcome this by advocating for the specialty, explaining what we do and working together with colleagues.

What advice would you give to someone seeking a career in acute medicine?

Always ask for advice and guidance – never be afraid to ask for help. I am very honest and open about my journey into acute medicine which hasn't been plain sailing and I like to be advocate for both medical students and junior doctors. I learn something new every day and I am not afraid to ask for help. I know my limits and competencies and am always eager to learn new things.

I would advise attending conferences to network such as RCP Medicine and events by the Society for Acute Medicine. I would encourage you to join a social media platform and engage with other health professionals. Shadow medical registrars on call to witness what they do and do a taster week in acute medicine. We would love to have you!

Read around the specialty, become a member of a society and ask those who work in that specialty what a day in the life entails.

What is the highlight of working in acute medicine?

For me, it's the patients. I am so privileged to be able to look after a wide range of patients and care for people's loved ones. Having lost my father at a young age, I know how daunting it is for both patients and relatives to come into hospital and to hear a diagnosis that is upsetting.

I want to offer compassionate and caring leadership and be part of a team where the ultimate goal is patient safety.

Additionally, I love the variety that acute medicine offers me. I do a lot of on-call shifts which I thrive on, I lead ward rounds and have an opportunity to teach junior doctors, advanced clinical practitioners and physician associates. I run same day emergency care where I frequently liaise with GPs and see patients so that they can get the right care quickly.

The people make my job. It is a very busy but efficient specialty, and we all work together as a team. Doing leadership and management as my specialist skill, I have witnessed how different departments run and have learnt a lot from this.

Find out more about acute medicine

Society for Acute Medicine

takeAIM

Joint Royal Colleges of Physicians Training Board

What advancements in acute medicine are you excited about?

Medicine is constantly changing. COVID-19 has led to innovation and new ways of managing patients. This includes virtual clinics and remote monitoring. It is an exciting time, but we need to use the strengths from the pandemic and learn from the weaknesses.

Same day emergency care (SDEC) is one of the many ways the NHS is working to provide the right care, in the right place, at the right time for patients. It aims to benefit both patients and the healthcare system by reducing waiting times and hospital admissions, where appropriate.

Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed, and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

I have noticed that these clinics are run differently between trusts. Having a keen interest in leadership and management I will be able to use the skills learnt to create an efficient and diverse service for patients with the help of technology.

Find out more about the RCP chief registrar programme

What challenges do you face in your work?

I think medics often have a feeling of guilt, worrying they have not done enough for patients or could have done more. We often don't take a day off when unwell because we don't want to let our colleagues down.

I think this is a vicious cycle. As an acute medical registrar my shifts can get very busy, and we are especially prone to being burnt out. Burnout is not considered a failure of the individual, but a failure of the working environment and we must ensure that all staff have their wellbeing needs met, both biological and physical.

COVID-19 poses lots of new and ongoing challenges for the healthcare system. Compassionate leadership aims to arrive at a shared, rather than imposed understanding of the challenges that we are facing in this global pandemic. We must empathise with healthcare workers while taking action to help and support them.

It is imperative we all look after one another, we must maintain our own physical and mental health so that we can give the best care to our patients.

'People don't buy what you do; they buy why you do it.' says the motivational speaker Simon Sinek. I want to become a leader in healthcare because I care for people. I want to continue to better the NHS and enable a caring and compassionate environment where people feel included.

I will not let my poor experience of leaders put me off but turn it into a positive, as Simon Sinek says, 'let us all be the leaders we wish we had.'

Royal College of Physicians

RCP specialty careers showcase

Allergy



Dr Natasha Gunawardana

Allergy ST7
Guy's and St Thomas' NHS Foundation Trust

According to Dr Gunawardana…

- **working independently**
- **multidisciplinary working**
- **taking a detailed history and fact finding**

are the three top skills or attributes required for success in this specialty

Why did you train in allergy?

I have been London-based for the majority of my training. I completed foundation years 1 and 2 and then went to Australia for a year for an adventure where I strongly considered a career in intensive care. Then in my core medical training jobs I did a district general hospital job in intensive care which was not as enjoyable as my experience in Australia. I considered doing respiratory medicine but was unhappy with the generalist and medical on-call aspects of this as a future career. I was uncertain about what to do as a future career and St Mary's Hospital where I was based for my CMT 2 year happened to have a clinical research fellow post open, focusing on a project based in allergen immunotherapy research. Through this I discovered allergy as a specialty and applied for registrar training at the end of my second year as a research fellow.

What is the best thing about training in this field?

1. Getting to be an expert in a field, with time to learn the nuances of the specialty. In general medicine I felt like a lot of the job was firefighting, while this is doing the job to the best of your ability.
2. Opportunities to conduct research.
3. Great work-life balance – no out of hours or on calls with time to pursue other career (and life) interests. I took up squash when I started allergy training!
4. Working in a central teaching hospital with the stability of not moving during training.

Can you describe a typical day?

My typical working hours are 9–5 Mon–Fri, with no on calls or out of hours.

8.30am: Arrive at work, check emails and get ready for clinic.

9am: Attend a general allergy clinic or a specialist joint clinic, such as food allergy, nose clinic or drug allergy.

12.30 – 1pm: Lunch!

2pm: In the afternoon, if I don't have another clinic, I spend it on admin time: checking letters, reading up on patient conditions ensuing all bases are covered from an allergy perspective. Usually, I receive five admin sessions per week which is very useful for career development activities.

5pm: Home time!

Challenge testing is done on the day unit where we expose patients to potential drug or food allergens to exclude or diagnose an allergy. This involves giving patients increasing doses of potential allergens, observing and treating any reactions (including the occasional anaphylaxis).

Immunotherapy clinics take place 2–3 times a week and are primarily run by nurses. We are asked to advise on doses and review any issues or reactions.

We do get asked to see the occasional ward patient, commonly for urgent drug allergy advice or testing.

What are the highlights of working in your specialty?

Getting to be an expert in a non-generalist field.

Getting to know everyone else practising in this relatively small field.

It is a very multidisciplinary field, working with ENT specialists, respiratory physicians, gastroenterologists, dermatologists, paediatricians and immunologists are some examples. Allergy is multisystem and multiorgan and working closely with these groups is a key aspect of the specialty. In training you often rotate through these specialties.

The rare and wonderful allergic conditions – you always learn something new – and patients are very grateful to finally get a diagnosis.

It's a very family-friendly specialty. As you don't move during training you get to know your team really well which allows for a deal of flexibility. Patients are generally well and as you don't admit patients you do not often have clinical reasons to stay late.

What advice would you give to someone seeking a career in allergy?

Try and get as much experience in the field as you can. When I first started it was daunting as the learning curve was very steep and different from general medicine. It was strange going into an outpatient-based specialty and getting to grips with working largely solo in clinic when seeing patients and making independent decisions. I had to do a lot of reading!

Find out more about allergy

British Society of Allergy and Clinical Immunology

Joint Royal Colleges Physicians Training Board

European Academy of Allergy and Clinical Immunology

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RCP specialty careers showcase

Audiovestibular medicine



Dr Hannah Blanchford

Audiovestibular medicine specialty registrar
St George's University Hospitals NHS Foundation Trust

According to Dr Blanchford…

- **communicative**
- **collaborative**
- **analytical**

are the three top skills or attributes required for success in this specialty

What are the highlights of working in audiovestibular medicine?

A career in audiovestibular medicine provides the satisfaction of practising holistic medicine and aims to improve the quality of life of people living with hearing and balance disorders. Treatments can be tailored to the individual with a range of physical, technological, psychological and pharmacological therapies available.

For me, a major highlight is working as part of a diverse team to diagnose and habilitate people with hearing and balance disorders. This can include audiologists, physiotherapists, psychologists, hearing therapists, ear nose and throat surgeons, geneticists, paediatricians, radiologists, psychiatrists, ophthalmologists, neurologists, syncope, stroke and falls specialists. Many audiovestibular physicians work in specialist clinics in tertiary referral centres which can have the benefit of allowing the necessary time to fully identify and address patients' problems. It also gives access to specialist audiovestibular investigations which can help to make accurate diagnoses.

Working in audiovestibular medicine enables caring for the whole spectrum of ages, from babies to older adults. Variety also exists in the conditions we diagnose and manage; these range from the incredibly common (like benign paroxysmal positional vertigo or recurrent otitis media with effusion) to the rare (such as rare syndromes associated with deafness or ataxia). It is also a privilege to work in a specialty where, despite advances in imaging and diagnostic biomarkers, taking an accurate history and completing the clinical examination competently can often reveal the diagnosis.

What advancements in this specialty are you most excited about?

Audiovestibular medicine is constantly evolving. The newborn hearing screening programme has revolutionised early diagnosis and intervention for hearing loss in babies. Genetic testing is becoming more mainstream and leading to the identification of the cause for hearing and balance disorders in more adults and children. There has been a move to facilitating multidisciplinary 'one-stop' and audiology/physiotherapy-led balance clinics, which can improve the speed of diagnosis and management.

Although predominantly an outpatient specialty, there is often scope for involvement with research projects to improve the diagnostic pathway for patients presenting acutely with vertigo or sudden hearing loss. Advances in radiological investigations and electrophysiological testing continue to improve the speed and accuracy of diagnoses. Cochlear and other auditory implants, assistive listening devices, hearing aids and cognitive behavioural-based therapies have become more widely available, adding to the range of rehabilitation options available for hearing disorders. Research proceeds at pace for both pharmacological agents for hearing loss and surgical implants for vestibular dysfunction.

In the future, diagnostics and therapy is more likely to be provided through a combination of remote/virtual and face-to-face care. The promotion of global health prevention in reducing avoidable causes of hearing loss and helping to reduce falls in ageing are also very exciting.

How do you see your career progressing in the future?

I joined the registrar training programme after completing ear, nose and throat (ENT) themed core surgical training. The audiovestibular medicine programme also recruits from paediatrics, CMT and GP. Audiovestibular physicians can choose to continue working in both adult and paediatric medicine. The training requires completion of a postgraduate certificate and many choose to complete the full research MSc and continue neuroscientific research throughout their careers.

Audiovestibular medicine offers the opportunity to work in a district general hospital setting, often with outreach to community clinics. It also offers the chance to work in larger tertiary centres, often within or alongside ENT departments. I look forward to continuing a career that blends aspects of education, research and service improvement with clinical service provision, in a setting where I can work alongside multiple specialties and allied health professionals.

Find out more about audiovestibular medicine

The British Association of Audiovestibular Physicians

The British Society of Neuro-Otology

Joint Royal Colleges of Physicians Training Board

British Association of Paediatrics in Audiology

Royal College of Physicians

RCP specialty careers showcase

Audiovestibular medicine (AVM)



Dr Surangi Mendis

Audiovestibular specialty registrar (ST6)
Whittington Health NHS Foundation Trust

According to Dr Mendis…

- **flexibility**
- **team player**
- **strong clinical examination skills**

are the three top skills or attributes required for success in this specialty

Can you describe your typical day?

A typical day might consist of:

9.00am – 12.30pm: outpatient clinic

12.30pm: grand round / radiology meeting / educational activity

1.30pm – 5.00pm: outpatient clinic

The exact theme of the clinic depends on your specialist interests and choice but can consist of:

- adult or paediatric neuro-otology
- hearing or tinnitus rehabilitation
- specialist hearing assessment clinics for children or adults with complex needs
- assessment of central auditory problems
- cochlear implant assessment in multidisciplinary team

Additional activities that take place either around or in place of clinics:

- neuroradiology or genetics meetings
- in-house case discussions
- journal club
- conferences
- medical student teaching: most AVM centres are within tertiary hospitals and so there is usually an attached medical school. AVM consultants and trainees are therefore often involved in ad-hoc teaching, delivery of lectures, assessing end-of-year OSCE examinations and other teaching activity.

As a trainee, time is allocated for participation in research and audit activity. There is at least one dedicated session for administrative tasks. Multiple secondments to various medical specialist and ENT clinics also take place during the course of the 4 or 5 year training programme.

Are there any common misconceptions about audiovestibular medicine?

Many people, both lay and medical, have never heard of our niche specialty, and it is often believed that the conditions we treat are obscure. This is simply not the case given that the lifetime prevalence of vertigo is estimated to be 3–10% and a full-time GP will see approximately 10–20 people with vertigo per year. Hearing loss affects 12 million adults in the UK and the incidence is rising as the population ages.

Another common misconception is that we are a subspecialty of audiology and that we originally trained as audiologists. However, we are all medical postgraduates who are trained in the interpretation of AVM clinical presentations that often overlap with other medical specialties such as neurology, rheumatology, ophthalmology, genetics and psychiatry. We often work collaboratively with these teams to 'problem solve' in relation to complex cases. We have specific expertise in interpretation of audiological and vestibular tests, whereas our audiology colleagues are best known for performing the tests and making decisions with the patient with regards to audiological rehabilitation. Clearly this makes for great MDT-working and the AVM departments in most tertiary centres consist of audiologists, vestibular physiotherapists and AVM physicians working closely alongside each other, mutually benefiting from each others' knowledge and expertise.

Others outside of AVM also often think that that all dizziness is treated with prochlorperazine or betahistine… And that the management of people with hearing loss consists of hearing aid provision and nothing else. Clearly this is not the case, or else our specialty would not exist!

What challenges do you face in your work?

The administrative load can be high given that we are purely outpatient-based. You develop the ability to touch-type and write succinctly, or else you run the risk of being engulfed by the paperwork!

In many of the training posts, there is no formal requirement to see 'acute vertigo' but you can always seek out opportunities to assess newly presenting dizzy or acutely vertiginous patients if you are creative and think laterally about how to do this. Some AVM centres are moving towards providing a link to their emergency departments as the management of the acute dizzy patient is still something that most general clinicians and ED staff members find challenging.

Given that we are not always visible on the wards or the acute take, as a trainee you can sometimes feel somewhat separate from the rest of the hospital, but again, this can be mitigated if you proactively attend grand rounds, get involved with teaching of medical students and engage with the teams around you, particularly ENT, neurology and the other general medical specialties.

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RCP specialty careers showcase

Aviation and space medicine



Wing Commander Matthew Lewis

Consultant adviser in aviation and space medicine
Royal Air Force

According to Wg Cdr Lewis…

- **an enquiring mind**
- **ability to react and adapt to novel situations**
- **ability to master skills and practical procedures outside a clinical setting**

are the three top skills or attributes required for success in this specialty

What are the highlights of working in aviation and space medicine?

A highlight of working in the field of aviation and space medicine (ASM) is the variability of the work – no two days are ever the same. Consultants and trainees tend to work either in the civilian domain, with the training programme based at the civil aviation authority at Gatwick, or in the military based at the RAF Centre of Aviation Medicine in Bedfordshire.

ASM is underpinned by the identification and understanding of the medical and physiological hazards of flight and with the development of suitable countermeasures to address them. The scope encompasses providing clinical advice on fitness to fly and providing the regulatory framework for safe flying. In addition, ASM practitioners could be involved with conducting research on life-support and aircrew survival systems, analysing how risk-to-life decisions can be mitigated through better aircrew protection.

My subspecialty interest is around investigating the medical causes and consequences of aircraft accidents and assessing the safety risks associated with aircraft cabin and flight deck designs.

Can you describe a typical day?

Typically, I could be involved with research or analysing data. This could involve helmet impact testing, breathing systems or working with industry to reduce the risk of ejection seat- or impact-related injuries following aircraft accidents. A considerable amount of work, research and clinical assessments could be delivered using the high-performance human centrifuge, hypobaric altitude chambers or spatial disorientation trainers.

There is a high commitment to teaching and training, and I frequently deliver lectures to other military medical officers or as part of the diploma in aerospace medicine course in association with King's College London. However, all this could suddenly change and I could find myself travelling, at a moment's notice, to the other end of the country or overseas to respond to an aircraft accident.

One of the highlights of this specialty is never knowing exactly what the day has to offer!

What qualifications and experience do you have?

I have been working in ASM in the RAF for 26 years and the additional qualifications I have gained include MSc, MD and DAvMed.

What advice would you give to someone seeking a career in aviation and space medicine?

The specialty would be particularly suited to those who, in addition to having a sound clinical background and knowledge, are interested in flying, engineering and research.

As the space domain is being increasingly developed by civilian pioneers, support to human space flight is an area for future specialty growth.

Find out more about aviation and space medicine

Aerospace Medical Association

Royal Aeronautical Society

Joint Royal Colleges of Physicians Training Board

Further reading:
Handbook of aviation and space medicine: first edition, 2019

Ernsting's aviation and space medicine, fifth edition, 2016

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RCP specialty careers showcase

Aviation and space medicine



Dr Ryan Anderton

Consultant in aviation and space medicine and GP
Civil Aviation Authority

According to Dr Anderton…

- **empathy**
- **ambition**
- **resilience**

are the three top attributes required for success in this specialty

Why did you decide to train in aviation and space medicine?

I have been fascinated with aviation and human space flight since I was a child. Although I chose medicine as a career, I never lost sight of the possibility of combining the two. The ways in which human physiology changes in the extreme environments of altitude and space is incredibly exciting to study.

I think that it can be easy to join the conveyer belt of training in the more 'usual' medical specialties and to perhaps forget what else interests you, what your other passions are. That being said, I love general practice and it has provided me with the knowledge and skills on which I have built my aerospace medical career, as well as the flexibility to do so. With no formal training route in existence when starting out, I carved my own path to gain experience wherever I could, by attending conferences, undertaking training courses and meeting like-minded people along the way. When the specialty was formalised by the GMC in 2016, I leapt at the chance to apply. This year, I became the UK's first consultant in aviation and space medicine to run through the full training programme and one of the first two on the specialty register.

What are the highlights of working in aviation and space medicine?

During training I had the opportunity to join the Human Health and Performance Laboratory at the NASA Johnson Space Center, to immerse myself in operational space medicine and research. This is easily the highlight of my career so far! I have also been lucky enough to spend time training military fast jet aircrew in the centrifuge, to gain practical experience in the assessment of hypoxia and decompression sickness in aircrew and to spend time with airlines, understanding everything from the impact of in-flight emergencies and aircrew fatigue to handling a global pandemic like COVID-19.

There is also a lot of hard work on a day-to-day basis that comes alongside these opportunities. This includes a high volume of casework, making fitness decisions for aircrew and air traffic controllers whose physical or mental health may have changed and who may present a safety risk. A really rewarding aspect of the job is keeping someone flying or returning them to operational duty, sometimes against seemingly unfavourable odds. A particular highlight has been helping to facilitate the aeromedical assessment of individuals with a limb prosthesis by developing new policies, and designing and carrying out real in-flight medical assessments.

What advice would you give to those interested in your specialty?

Don't give up! If you are passionate about getting into aviation and space medicine, then take every opportunity that you can find to gain experience. It is important to get a good idea of what the career might involve, helping you to decide whether it's right for you. An insight and knowledge of the field always helps at interviews. This can be as easy as joining societies such as the Royal Aeronautical Society and attending lectures or workshops. International conferences (such as those held by the Aerospace Medical Association) have been much harder lately for obvious reasons, but are a great way to meet like-minded medics (and non-medics) who can offer you advice, introduce you to people and point you in the right direction. There are also a growing number of aerospace medicine societies closer to home than you might think, with minimal travel needed. I have met some fantastic people, great mentors and good friends throughout my career – all of whom I am grateful to for sharing their experiences and wisdom. Admittedly, training opportunities are limited as they are funded by industry and the specialty is still very small in comparison to most medical specialties, but ... we are growing!

Find out more about a career in aviation and space medicine

Joint Royal Colleges of Physicians Training Board

Follow Dr Anderton on Twitter:
@_TheSpaceDoc

Suggested reading:
Ernsting's aviation and space medicine

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RCP specialty careers showcase

Cardiology



Dr Rebecca Dobson

Consultant cardiologist
Liverpool Heart and Chest Hospital NHS Foundation Trust

What are the highlights of working in your specialty?

Cardiology is a large and varied specialty with multiple subspecialty options, so there is something for everyone. Cardiologists are lucky to have a strong evidence base underpinning much of what we do. This gives reassurance to both the doctor and the patient, that we're making the right decisions at the right time.

You can make a real difference to the cardiology patient with often life-saving interventions – be that from reopening a blocked coronary artery, implanting a pacemaker or diagnosing a chronic condition and commencing prognostically important medication.

There is also a real sense of teamwork in cardiology as doctors work with so many other healthcare professionals such as radiologists, radiographers, cardiac physiologists, cardiac nurses and physiotherapists. Working as part of this team is fun, and we're always learning from each other as we all have different skills and experience.

Are there any misconceptions about a career in cardiology?

It is often thought that it's not possible to combine a cardiology career with a family, which is, I believe, one of the reasons there are far fewer female cardiologists than male. However, there are lots of successful cardiologists (both male and female) who have families too. Flexible working within cardiology is becoming more common and no-one should be put off by the outdated view that you have to work 60+ hours a week to succeed. It is certainly possible to strike a good work-life balance within cardiology and there is a lot more emphasis on this now than in previous years.

According to Dr Dobson…

- **hard working**
- **friendly**
- **willing to teach and learn**

are the three top skills or attributes required for success in this specialty

What one piece of advice would you give to someone seeking a career in cardiology?

Cardiology is a competitive specialty and can be daunting to those considering it as a career. I would say that if you really want to do it, and you're prepared to work hard, don't let anyone put you off. Anything is possible with determination and hard work! There are people who will tell you 'Don't go into cardiology; you can't have a family, you can't work part-time, you can't have a good work-life balance'. This is absolutely untrue and should be challenged or ignored!

Because it's a competitive specialty it's important your training application stands out, so start planning early on. Seek out a friendly cardiologist and ask them if they have any audits/case reports/QIPs they need help with. All of these will look good on your CV and demonstrate a commitment to the specialty, which will stand you in good stead during the selection process.

Chat to cardiologists and ask them about the different subspecialties. There really is something for everyone, with each area requiring different skill sets and providing different job satisfaction.

Can you describe your typical working day?

No two days in my working week are the same, which is why I love my job! And as cardiology is so varied, I don't think there is a 'typical day' as our job plans and working patterns are all so different.

I'm a less-than-full-time imaging consultant and I run the local cardio-oncology service. I have one day off during the week to spend with my young family and the rest of my week is a mix of echo lists, cardio-oncology clinics, cardiology in-reach ward rounds at the local oncology centre, MDTs, research and teaching.

Other cardiologists spend time in the cath lab performing angiography and angioplasty, others manage heart rhythm problems using ablation and pacemakers to treat patients. Imaging consultants are proficient in cardiac CT, MRI, nuclear imaging and/or echocardiography and their expertise is key to the diagnosis and monitoring of cardiology patients. Adult congenital heart disease specialists often have imaging expertise also and their time is split between ward rounds, clinic, interventional procedures and imaging. Needless to say, cardiology is never boring!

Find out more about cardiology



British Cardiovascular Society

British Junior Cardiovascular Association

British Undergraduate Cardiovascular Association

Joint Royal Colleges of Physicians Training Board

If you have any questions about working as a woman in cardiology you can email wic@bcs.com to ask for advice or join their Women in Cardiology Network.

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RCP specialty careers showcase

Clinical genetics



Dr Deirdre Donnelly

Consultant in clinical genetics
Belfast Health and Social Care Trust

According to Dr Donnelly…

- **good communication skills**
- **patience**
- **good time management skills**

are the three top skills or attributes required for success in this specialty

Why did you train in clinical genetics?

Genetics is a fascinating and ever-changing specialty. After almost 15 years of work in this field, I still regularly see patients with conditions that I have never seen before. Every clinic is unique, and I am never bored.

It is not only a 'cradle to grave' specialty, but goes beyond, with increasing options for prenatal genetic testing and treatment, and preimplantation genetic diagnosis.

In genetics, family history is paramount, and we work holistically with whole families. It is primarily an outpatient specialty and we have the luxury of long appointment slots to enable us to take time to find out about our patients and their specific concerns.

All geneticists strive to understanding rare disease, where possible, at a gene-specific and molecular level, which leads to:

- practising evidence-based medicine and tailored surveillance
- new treatment options, varying from gene therapy to novel uses of existing drugs
- a large range and variety of opportunities for research and publications
- as genetic diseases are rare, it allows geneticists to subspecialise and become a leading expert in their field.

Are there any common misconceptions about clinical genetics?

Often people think we are scientists and not medical doctors! Individuals in other medical specialties and even our own family members often do not understand what we do with our time!

What are the highlights of working in your specialty?

Being able to take time to study a patient in depth – looking at signs and symptoms from a diagnostic point of view and then following up with detailed genetic testing, leading to understanding the disease process at a molecular level, while educating the patient on disease management and prevention of complications.

Geneticists can follow the natural history of disease and are at the forefront of preventative medicine – this is particularly the case in cancer genetics. For example, by identifying cancer-predisposition gene mutations, and identifying mutation carriers, we have the potential to save many lives within a family, which is very rewarding.

Patients often return to our clinics over the years, sometimes being reviewed until a diagnosis is reached, or sometimes to carry out cascade genetic testing in the next generation.

Geneticists have a strong role to play as educators and are involved in teaching at undergraduate and postgraduate level for a variety of other specialties. There are opportunities to get involved in course design and exam question setting.

Genetics is primarily an outpatient specialty, so we have more control over our working pattern, which can fit in well with a good work-life balance.

What is the best thing about training in clinical genetics?

Genetics is a small, friendly specialty, with good national and international connections. You may collaborate with researchers all over the world, as we gather further information on specific genetic variants, rare phenotypes or the natural history of specific conditions and the surveillance required.

Geneticists work with every other hospital specialty and with general practice and provide a vital contribution to the diagnosis and management of rare disease. It is very much a team approach with multidisciplinary meetings.

A large part of our role is in patient education – when diseases are rare, it is important to empower the parent/patient to become an advocate for their child/themselves. Geneticists often work closely with patient groups and charities, acting as patient advocates. It is rewarding to become involved in organising or speaking at patient information days related to a specific rare disease charity.

How do you see your career progressing in the future?

Genetics is constantly changing. We are now entering an era of exome and genome sequencing and I expect this testing to become commonplace. This will lead to analysis of genetic variants becoming a more important role in our work, leading to better understanding of disease and new therapies. Alongside this molecular revolution, it is even more important to carefully assess and phenotype our patients.

Genetic testing is becoming more mainstream and reaches every medical specialty. Clinical geneticists have a responsibility to educate to ensure everyone has a good understanding of the genetic tests ordered and their implications.

Can you describe your typical working day?

Genetics is divided into cancer genetics, looking at cancer-predisposition syndromes, and rare disease genetics, looking at diagnosing rare genetic conditions. In many of the smaller genetic centres, geneticists see patients in both areas, while in the larger centres, geneticists will subspecialise into either of these fields. Some geneticists also become heavily involved in research, and academic training in genetics at registrar level is easily facilitated. Geneticists need a variety of skills and can subspecialise during their career to play to their strengths and areas of interest.

A typical week would involve 2–4 outpatient clinics, multidisciplinary team meetings, telephone or ward referral patient advice and office-based research. An outpatient clinic consists of 5–6 slots of 45 minutes each, with around 75% new and 25% review patients.

A large part of a geneticist's time is office-based research. With advances in genomic testing, much of our work is now involved in collaborating closely with genetic scientists, looking up gene variants and using various tools to determine their pathogenicity.

We also spend time doing literature searches to find examples of other patients with similar syndromes or phenotypes and collaborating with other hospital centres or research groups. This often leads to poster/oral presentations at conferences or publications.

What advice would you give to someone seeking a career in clinical genetics?

Contact your local genetics centre and arrange to sit in on some genetic clinics – we are always very approachable and keen to see new doctors show an interest in our specialty. It is often possible to spend a few weeks within a department and work towards getting a publication or poster/oral presentation.

Look out for genetic conditions within your own specialty; although genetic conditions are rare, collectively 1 in 17 patients are affected, so you will come across genetic conditions often if you look for them. When you do find a case, try doing a literature search of your own or prepare a presentation for your colleagues.

Get used to discussing genetic results and genetic inheritance patterns with patients.

Remember to take a detailed family tree, as often a genetic condition will only declare itself when you realise the traits that run in a family. Sometimes, it is a seemingly minor symptom that gives the diagnostic clue, eg an unusual skin rash, and it is very rewarding to be the first doctor to diagnosis a genetic condition within a family.

Find out more about clinical genetics

British Society of Genetic Medicine

NHS Health Careers

Joint Royal College of Physicians Training Board

Clinical Genetics: a guide to a career in the specialty from the British Medical Journal

Royal College of Physicians

RCP specialty careers showcase

Clinical immunology



Dr Will Bermingham

Clinical immunology registrar (ST6)
University Hospitals Birmingham NHS Foundation Trust

According to Dr Bermingham…

- **communication**
- **curiosity**
- **enjoy team working**

are the three top skills or attributes required for success in this specialty

What was the best thing about training in clinical immunology?

One real strength of clinical immunology training is the flexibility for trainees to grow and develop based on their own strengths and interests.

The specialty lends itself well to those pursuing an academic or research component. There are lots of opportunities to develop a laboratory or clinical research interest at the cutting edge of our understanding of the human immune system, particularly in the context of a global pandemic!

But wanting to be a 'researcher' is NOT essential! There is a strong culture in the specialty for service quality assurance and developing patient care. The clinical RCP QPIDS/IQAS and laboratory UKAS accreditation schemes are great examples of where trainees can get involved in exceptional service quality improvement.

As a trainee, you can also get involved in a number of extracurricular roles – there are a number of national and international society trainee representative roles or specialist adviser committee roles you can take advantage of to broaden your experience and skills.

Wherever you train and whatever your interest, you will be joining a fantastic professional network. The UK immunology community is incredibly friendly, supportive and is growing quickly!

What are the highlights of this specialty?

There is a lot I could talk about here… but here are my top three:

1. I feel truly privileged to be involved in the care of such a varied patient cohort. Allergy and immunology clinics bring patients of all ages and a full spectrum of clinical complexity. From assessing a patient who has an extremely rare (or even novel!) immune deficiency, to supporting a patient with a new diagnosis of food allergy, every clinic will challenge you – I learn something new from my patients on a daily basis!

2. The specialty includes a strong component of laboratory medicine which allows you to build a new skillset around diagnostics, interpretive skills, and an understanding of continuous quality assurance. These skills synergise with clinical medicine and bring a unique, cross-specialty perspective with broad applications.

3. As a clinical immunologist you will be constantly interacting with a wide range of other professionals. This could be pulling together key multidisciplinary team members for a complicated clinical challenge in a patient with a very rare, complex immune deficiency, discussing immunology laboratory results interpretation with secondary or primary care teams… the list goes on!

What qualifications and experience do you have?

I want to highlight one specific experience from my training:

During my ST5 year of clinical immunology training, I was very lucky to secure a RCP chief registrar post in my trust. This role is an amazing opportunity for anyone wanting to develop their experience of clinical leadership and management and is focused on engaging with junior doctors of all specialties in my trust (find out more here).

It may at first seem strange to approach this type of broad, acute care-focused role from a small, very specialist training programme. However, as an immunologist, you will have a skillset that draws from a core training as a physician (having achieved MRCP and worked in IMT) augmented with laboratory skills of critical appraisal, management and working with a broad range of service users. This quite unique perspective has great potential for transferability to a variety of roles in and outside the specialty!

Find out more about clinical immunology

British Society for Allergy and Clinical Immunology

Immunodeficiency UK

Allergy UK

UK Primary Immunodeficiency Network

Joint Royal Colleges of Physicians Training Board

European Academy of Allergy and Clinical Immunology

Royal College of Physicians

RCP specialty careers showcase

Clinical neurophysiology



Dr Jiten K Mistry

Clinical neurophysiology specialty registrar (ST5)
Royal Wolverhampton NHS Trust

According to Dr Mistry…

- **problem solving**
- **practical skills including technical and computer competency**
- **keen eye for detail**

are the three top skills or attributes required for success in this specialty

Why did you train in clinical neurophysiology?

Clinical neurophysiology is a specialty that I came across later in my career, and my experiences in psychiatry, paediatrics, intensive care and neurology informed my choice.

It fulfils my interest in neurosciences and my desire to be in a diagnostic specialty. The training is varied, with interfaces with paediatrics, intensive care, neurology, neurosurgery, orthopaedics, rheumatology and ophthalmology. I enjoy the practical nature of the role and developing technical skills.

The outpatient environment and not having on-call ward commitments also suits me and allows for a good work–life balance.

What qualifications do you have?

- BMedSci (Hons)
- BMBS
- MRCP(UK)
- Foundation year training (2 years)
- Broad-based training: paediatrics, GP, CMT, psychiatry (2 years)
- CMT (1 yeaar)

Please note, any trainee in core medical training / IMT / ACCS / core surgical training or level 1 paediatrics can apply for clinical neurophysiology on completion of their Royal College membership examinations.

What advice would you give to someone seeking a career in clinical neurophysiology?

I would recommend spending time in the neurophysiology department as a taster experience and speaking to current trainees. Developing any interests in neuromuscular medicine or epilepsy would be helpful too, such as getting involved with writing case reports, presentations or quality improvement projects.

The British Society for Clinical Neurophysiology (BSCN) has opportunities for a prospective trainee including educational prizes and scientific meetings.

You can also get in touch with the Association of Trainees in Clinical Neurophysiology if you have any specific questions or want some advice: info.atcn@gmail.com

Are there any common misconceptions about a career in this specialty?

There is a misconception that clinical neurophysiology is not as varied as other specialties; however, this is not the case. In addition to the work of electroencephalogram (EEG) reviews and electromyography (EMG) clinics, there are opportunities to go to theatre for intraoperative monitoring. There are also interesting multidisciplinary team meetings in advance of procedures such as epilepsy surgery.

Interacting with different specialists is very rewarding – I connect with paediatricians, neurologists, neurosurgeons, intensive care consultants, orthopaedic surgeons, rheumatologists and ophthalmologists.

Can you describe your typical day?

9.00am: before morning clinic, I would attend a regional weekly teaching meeting on an interesting case.

10.00am–12.00pm: my supervised EMG clinic would run. I would typically see around four or five patients and receive direct feedback from a consultant.

1.00pm: after lunch, there would be time to see inpatients for EMG and report inpatient EEG results.

2.30pm: I would usually attend a multidisciplinary team meeting. This could cover an upcoming epilepsy surgery or nerve injury.

3.00pm: my afternoon could be spent reporting evoked potentials (somatosensory or visual) or EEGs (prolonged and routine).

4.00pm onwards: would be spent on admin and my ePortfolio.

Find out more about clinical neurophysiology

British Society for Clinical Neurophysiology (BSCN)

Joint Royal Colleges of Physicians Training Board

Association of Trainees in Clinical Neurophysiology (ATCN)

You can contact the ATCN directly:
info@atcn@gmail.com

Royal College of Physicians

RCP specialty careers showcase

Clinical pharmacology



Dr Ali Hosin

Specialty trainee (ST5) in clinical pharmacology and therapeutics
University College London Hospitals

According to Dr Hosin…

- **interested in medicines**
- **attention to detail**
- **motivated by teamwork**

are the three top skills or attributes required for success in this specialty

Why did you train in clinical pharmacology and therapeutics?

Throughout medical school I was fascinated by drugs, how they worked and their therapeutic and pathological effects. I was inspired by engaging and knowledgeable teachers during my pharmacology lectures and intercalated BSc in pharmacology.

For a while I didn't know what specialty I wanted to train in, but I knew I wanted to pursue physicianly training. I also knew that I didn't fancy super-specialising in one organ and forgetting about the others. Medicines are ubiquitous across all fields of medical practice, and when I discovered clinical pharmacology as a specialty, I saw it as an ideal way of developing a specialist interest while maintaining breadth of knowledge by dual accrediting with general medicine.

I was fortunate to get an academic foundation training post in clinical pharmacology, where I had the chance to work as a research physician on various phase I clinical trials. I was drawn to the diverse and varied career paths of the clinical pharmacologists I was working alongside. The rigours of the drug discovery and development pipeline appealed to me, as did the focus on safety and evidence-based medicine. These collective experiences spurred me to apply for clinical pharmacology and therapeutics.

Are there any common misconceptions about a career in clinical pharmacology?

A common misconception is that clinical pharmacology is simply complex general medicine, and this may dissuade trainees from seriously considering it as a career. Indeed, many clinical pharmacologists are also physicians who spend time looking after hospital inpatients. Also, clinical pharmacology rotations for junior doctors (eg foundation and internal medicine trainees) might be focused on the care of general medical inpatients.

However, I cannot stress enough that general medicine is only one facet of clinical pharmacology training, which has its own broad and diverse curriculum with optional modules including toxicology, clinical trials, research and hypertension.

By virtue of it being a relatively small specialty, and with increasing support of flexible training by the royal colleges and Health Education England, as a clinical pharmacology trainee it is relatively easy to develop a bespoke training pathway that fulfils your personal and professional development.

Another misconception is that clinical pharmacology demands that you are very academic. This is definitely not the case. You need not have done much formal research nor have published lots of papers (I haven't…) to get into clinical pharmacology training or become a consultant in the specialty.

Can you describe your typical day?

As clichéd as it may sound – there is no typical day! My timetable is interesting, varied and split between clinical pharmacology, general medicine and my Topol fellowship.

My role as a medical registrar involves seeing patients in A&E who have been referred to general medicine, as well as patients admitted under our internal medicine team. I particularly enjoy the dynamic, multidisciplinary nature of the job. Our internal medicine team looks after a diverse cohort of patients with a varied range of pathologies including endocrine, neurological, cardiac, renal and psychiatric. This involves lots of inter-specialty liaison and the occasional practical procedure.

As a clinical pharmacology trainee, I run hypertension clinics, contribute to undergraduate and postgraduate teaching on various topics, including the safe use of medicines, practical prescribing and clinical trials. Our unit is a trial site for a national clinical trial looking at adherence in patients with hypertension. I also contribute to evaluating the evidence base for medicine applications at the local and regional formulary committee.

As a Topol fellow, I am leading on a digital health project which uses remote monitoring apps and wearables to improve the care of patients with hypertension.

Find out more about clinical pharmacology

British Pharmacological Society (BPS)

BPS Live: #ClinPharmWeek webinar series

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Dermatology



Dr Jennifer Sharif

Consultant in dermatology
Salford Royal NHS Foundation Trust

According to Dr Sharif…

- **enthusiasm**
- **interest in problem solving**
- **flexibility**

are the three top skills or attributes required for success in this specialty

Why did you train in dermatology?

Towards the end of my medical school training, I realised I was a physician who enjoyed diagnostic challenges and managing chronic disease. Early in my career, I sought out experience in a variety of medical specialties; this experience has been of great benefit to me as a dermatologist.

A dermatology placement during core medical training cemented my desire to train as a dermatologist. General dermatology clinics are the bread and butter of a dermatologist's working week. The sheer volume of different dermatological diagnosis means no two clinics and the same and satisfies my desire to encounter diagnostic challenges. I enjoyed the practical aspects of dermatology; this came as a surprise as I actively avoided going to theatre as a surgical house officer! As a consultant I undertake a weekly minor op list as this provides additional variety to the working week. The varied nature of the day-to-day working was one aspect of the specialty that appealed to me.

As dermatologists, much of the chronic disease we manage is non-progressive and with ever-expanding treatment options we can successfully manage most inflammatory skin disease. The positive impact this has on a patient's wellbeing is hugely rewarding as a clinician and was a factor in my decision in deciding to train in dermatology.

Are there any common misconceptions about a career in dermatology?

Yes!! Here are three key misconceptions:

1. Dermatologists are cosmetic doctors. When I tell acquaintances that I work as a dermatologist they often assume I spend my days injecting Botox! Cosmetic dermatology is an important subspecialty of dermatology, which is recognised in our training curriculum, but as with all subspecialties only a minority of dermatologists are expert and practice in this area.

2. Dermatologists only prescribe creams. While topical treatments are hugely important in managing skin disease, generally patients who require dermatology require consideration of other treatment approaches. Creams are just the tip of the iceberg in dermatology.

3. I have heard my specialty referred to as 'derm-a-holiday' and 'mole patrol'. While these comments are tongue-in-cheek, they do not really reflect our job or the intensity of our working life. Dermatologists are not based on the front line; but we do have an important role in the hospital particularly in a patient presenting with life-threatening dermatosis as this can be challenging for non-dermatologists to manage due to lack of exposure. Additionally, we are facing ever-increasing referrals and workload, clinics are often overbooked, and we are busy trying to manage the demand.

How do you see your career progressing?

I think it is important clinicians are aware of the challenges facing their specialty and the wider NHS and that we work with our departments to adapt and evolve services accordingly. As such, I have adopted a flexible and open-minded approach when considering my career progression. As a new consultant I have embraced new ways of working within my department. A part of my job role involves tele-dermatology; both in advice and guidance services to support primary care colleagues and triage of new referrals. I always enjoyed the service development and leadership aspects of a medical career. I have taken on the role of governance lead within my department, and I hope that I will continue to develop my leadership skills and use them to contribute to both my local department and dermatology services on a more national level.

Along with developing a non-medical role within my department, developing a sub-specialist interest is a natural part of career progression. I currently undertake a tertiary paediatric dermatology clinic once per week. I work alongside an established paediatric dermatology consultant and I hope to continue to develop my expertise in this area.

Find out more about dermatology

British Association of Dermatologists

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Diabetes and endocrinology



Dr Julia Prague

Consultant in endocrinology, diabetes and general internal medicine
Royal Devon and Exeter NHS Foundation Trust
Honorary senior lecturer, University of Exeter

According to Dr Prague…

- **interested in acute management and long-term follow-up of patients**
- **multidisciplinary team working**

are the top skills or attributes required for

Why did you train in diabetes and endocrinology?

After being attached to the endocrinology rotation in my third year of medical school in 2006, I became committed to a career in diabetes and endocrinology as I enjoyed the complexity and variety in conditions that it had to offer. One of the first cases that gripped my interest led me to review the literature to determine if nephrogenic diabetes insipidus secondary to lithium therapy was reversible.

In any one outpatient clinic you could be looking after patients with multisystem conditions that vary from pituitary, pancreatic, adrenal or gonadal in origin yet have a common theme. There are many opportunities to participate in research, and many subspecialty areas that you can choose to focus on. I explored other specialties, but I always came back to endocrinology and diabetes.

What advancements in this field are you excited about?

Huge advances in technology in diabetes are already having a major impact on the management of, and patient experience of living with, type 1 diabetes in particular. These include insulin pumps, subcutaneous insulin analogues, flash glucose monitoring of the interstitial fluid rather than capillary blood glucose, and bring great promise for these patients now and even more so in the future.

What are the highlights of working in your specialty?

The balance of the acute and long-term follow-up of patients, and the importance of making the right diagnosis for patients based on their history, examination, targeted investigation(s), and first physiological principles.

Many patients with endocrine conditions go undiagnosed or misdiagnosed for a long time, so when you make the right diagnosis and instigate the right treatment, they feel and do so much better and for some diagnoses you can watch the patient stabilise/improve in front of you. As endocrinologists/diabetologists we are also part of a much wider multidisciplinary team, which ensures the best outcome for the patient and great colleagues to work with every day.

What advice would you give to someone seeking a career in diabetes and endocrinology?

It is important that you get to see 'the real' endocrinology and diabetes patients because often rotations/attachments focus mainly on inpatient general medicine. My advice would be to try to get to clinic as much as possible, and spend some time in a specialty clinic because a lot of the patients are outpatients. You should also go to the Society for Endocrinology and/or Diabetes UK annual conference(s), as they provide a really good platform for meeting other clinicians and scientists involved in the field and hearing about the patients that we look after. Get involved, come along and see what the specialty really has to offer.

Are there any misconceptions about diabetes and endocrinology?

The contribution to general medicine inpatients is seen as a big downside. COVID-19 has further highlighted this to be an important issue as hospital inpatient medicine is busy and cannot be cancelled. However, especially as the medical registrar, you are seeing the sickest patients who particularly need your help and expertise, you are supporting your juniors and the juniors of other specialty teams, and as a diabetologist/endocrinologist you have a solid foundation as a good generalist experienced in managing multisystem disease.

It is essential for recruitment, training, and retention that our specialist time is more protected though, and with other specialties returning to help with the general medical take this should help to share the workload. Similarly, many would immediately think of patients with diabetic foot infections but that is just one aspect of being a diabetologist/endocrinologist and those patients often have significantly higher morbidity and mortality so need specialist input.

Find out more about diabetes and endocrinology

Association of British Clinical Diabetologists

Society for Endocrinology

Young Diabetologist and Endocrinologists Forum

Joint Royal Colleges of Physicians Training Board

Diabetes UK

Royal College of Physicians

RCP specialty careers showcase

Diabetes and endocrinology



Dr Susannah Rowles

Consultant in diabetes and endocrinology
Northern Care Alliance NHS Group
Honorary secretary, Association of British Clinical Diabetologists (ABCD)

According to Dr Rowles…

> **pragmatic**
> **non-judgemental**
> **listening carefully**

are the three top skills or attributes required for success in this specialty

What are the highlights of working in diabetes and endocrinology?

For me, the highlights are around the diversity of the specialty. No two days are ever the same and we work with all age groups. In the space of a week, I can do a diabetes transition clinic with my paediatric colleagues for young people aged 14–19 years, teach on a dose adjustment for normal eating (DAFNE) course empowering patients to self-manage their conditions, and do an endocrine clinic tracking down why someone 'just doesn't feel quite right'.

It's a team sport too: podiatrists, dietitians, diabetes and endocrine specialist nurses, midwives, clinical psychologists – each has a unique skill set that we pool to ensure that patients get the best care, and we support each other. During the height of the pandemic the camaraderie was fantastic. There's also a refreshing mix of acute and chronic disease management.

Are there any common misconceptions about a career in diabetes and endocrinology?

Diabetes is often seen as rather mundane and endocrinology rather cerebral; nothing could be further from the truth.

As a trainee, often you get very little outpatient exposure to either area and just see lots of cases of diabetic ketoacidosis or foot complication, so your opinion can be rather biased. In outpatients, whether it's in a hospital setting or in the community, it's a very different picture.

For example, journeying with a young person in their late teens as they adjust to life with type 1 diabetes is a very humbling (and often challenging) experience. When they tell you a few years later that they're planning a family, a whole new era begins.

The other misconception is that 'it's all about sugar'; it is actually patient centred, team delivered, holistic, cardio–renal–metabolic medicine. Endocrinology is logical and sometimes esoteric.

If you're the sort of person who enjoys all areas of medicine, is keen to support patients looking after themselves, is willing to embrace new technologies and has a bit of a 'Sherlock Holmes' attitude, then diabetes and endocrinology is for you.

What advancements in this field are you most excited for and why?

In the world of diabetes, the pace of change with regards to technology is phenomenal. Routinely we have patients on insulin pump therapy who share their glucose data with the team remotely. An NHS pilot has just commenced using hybrid closed-loop systems (also known as an artificial pancreas), which will revolutionise the management of type 1 diabetes.

Even more exciting is the potential for disease prevention; not only in type 2 diabetes, but using immunomodulation in type 1. In the realms of endocrinology, for example, a much more targeted approach to diagnosing and managing neuroendocrine tumours is now developing. Understanding about the molecular diagnosis (NETest could be a valid biomarker), functional imaging (^{68}Ga-somatostatin analogue PET-CT) and treatment with peptide receptor radionuclide therapy are all pushing the boundaries of research and medicine.

However, as fantastic as they are, none of these cutting-edge advancements detract from the absolute need to get the basics of care right.

Find out more about diabetes and endocrinology

Association of British Clinical Diabetologists

Society for Endocrinology

Young Diabetologists and Endocrinologists' Forum

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Gastroenterology



Professor Reena Sidhu

Consultant gastroenterologist
Sheffield Teaching Hospitals NHS Foundation Trust
Honorary professor, University of Sheffield

According to Professor Sidhu…

- **hard working**
- **good clinical acumen**
- **patience**

are the three top skills or attributes required for success in this specialty

Can you describe your typical working day?

A typical day in gastroenterology would include a radiology/X-ray meeting where we interact with fellow gastroenterologists, radiologists and surgeons to discuss patients' scans (such as CT or MRI scans) and subsequent management. The clinical discussion from the various experts and specialties in the meeting can help to improve patient care.

This is followed by seeing patients in clinic either face to face or via telephone. The patient mix could include specific diseases like inflammatory bowel disease or coeliac disease or more common conditions such as irritable bowel syndrome, tummy pain and heartburn/acid reflux. There may also be patients with rarer or genetic conditions which makes the clinic challenging but interesting.

We may have a journal club at lunchtime where colleagues learn from each other through presentations, followed by an endoscopy list where practical procedures are carried out. These procedures are arranged to investigate patients' symptoms or are part of national screening such as looking for bowel cancer.

What are the highlights of working in gastroenterology?

Gastroenterology is a great specialty which involves treating patients who have a variety of symptoms and diseases. You have the potential to improve patient outcomes which is very rewarding.

It offers practical procedures for investigation and therapy to patients – and this forms a proportion of what gastroenterologists do day to day. This involves various endoscopic techniques from top to bottom and the small bowel in between. Through research and innovation there is now even a tiny camera pill that patients swallow that can take pictures of every part of the gastrointestinal (GI) tract.

The on calls within gastroenterology can be challenging but they are very fulfilling when patients get better. For example, managing GI bleeding involves a multidisciplinary team of skilled nurses, the endoscopy team to stop the bleeding, and aftercare which may sometimes involve critical care too. In the UK, there are well established guidelines for the majority of gastroenterological conditions which are widely read across the world and something we should all be proud of.

What attracted you to a career in gastroenterology?

Since medical school, I have found the gastrointestinal tract utterly fascinating. The combination of the luminal and hepatobiliary organs and the different diseases that can develop including life threatening conditions, are varied and have kept me on my toes.

Gastroenterological conditions often have extra-intestinal manifestations and involve other organs and disciplines – so there is opportunity to interact with colleagues from other specialties through a multidisciplinary approach to patient-centred care. The specialty is unique in offering the use of clinical skills and cutting-edge diagnostics, including interventional endoscopy to help make patients better!

Find out more about gastroenterology

The British Society of Gastroenterology

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Genitourinary medicine



Dr Laura Waters

Consultant in genitourinary medicine and HIV, Central and North West London NHS Trust

According to Dr Waters…

- **empathy and being non-judgemental**
- **passion to advocate for marginalised groups**
- **ability to apply research to practice**

are the three top skills or attributes required for success in this specialty

What challenges do you face?

Sexual health faced major changes after the 2012 Health and Social Care Act – HIV care stayed under the remit of the NHS and sexual health moved to local authority commissioning. It was tough, and services had to compete through tendering processes, which impacted service stability and staff morale.

Why did you train in GU medicine?

I chose GU medicine after passing my MRCP as I hadn't felt 'at home' in other medical specialties but *(cliché alert!),* GU medicine is like a family. I got a 6-month, what was then called 'SHO' post and though I loved the work, it was the team around me that sealed the deal.

The hierarchy feels flatter than in medicine in general and the broader multidisciplinary team of nurses, pharmacists, health advisers and peer support workers (to name a few) was unlike any other that I'd experienced.

I loved running clinics, but always felt I received support when needed. I also loved seeing anxious people relax as they experienced the calm, confidential care of a GU service. I loved learning from colleagues about how to explain the aetiology and absolute risks of different STIs and developing my own 'patter' that turned complex statistics into patient-friendly facts.

I loved conferences, I loved that the community have such a strong voice, I loved learning about the mechanics of the NHS and how to navigate them, and I love that I have NEVER looked at the clock and thought anything other than 'is that the time already?!' – to have a job where time never drags is a joy.

Can you describe your typical day?

I've chosen an actual day – Monday 6 September 2021:

- I finished a talk on HIV for a British Association of Sexual Health and HIV (one of our national societies) meeting on the train.
- HIV clinic, a mix of phone and face-to-face appointments: reviewing results, prescribing, switching medication to reduce drug-drug interactions, performing a neurological exam and requesting an MRI, discussing bereavement and explaining the latest COVID-19 vaccine recommendations.
- I met our specialist nurse team who are reviewing which patients can have their routine monitoring deferred during the national blood bottle shortage.
- I met one of our specialty trainees to plan an analysis of blood tests during COVID-19 to see if any harm resulted from missed tests.
- I finished a summary of the recent International AIDS Conference for a specialty journal that I co-authored with colleagues.
- I attended a community HIV event representing the British HIV Association (our other specialty society) hosted by STOPAIDS, a coalition that advocates for UK leadership in the global HIV response. I heard impassioned presentations from the HIV community sector and met Winnie Byanyima, the executive director of UNAIDS.

Is every day like this? No. But is every day as challenging and varied and satisfying? Hell, yes!

What advice would you give to someone seeking a career in GU medicine?

To try it! I fear that GU medicine is still perceived as a niche specialty and, now we've moved to dual accreditation with general medicine, a specialty less useful than other medical disciplines for people having to achieve general medical competencies. Naturally, I disagree.

There are so many skills central to GU medicine that are applicable to all medical practice: active listening, confidentiality, accurate coding, antimicrobial stewardship, results pathways, governance, challenging stigma, understanding the socio-economic determinants of health, managing drug-drug interactions and drug toxicity, adherence counselling, mood assessment, multidisciplinary teamworking, IT, interpreting research, listening to the community, meeting the needs of vulnerable and marginalised populations, and so much more.

My one major regret is not being accredited in general medicine – I truly believe I would be a better doctor, colleague and teacher if I were. General medicine is incredible – fast-paced, satisfying, but at times stressful and that's why GU medicine is the perfect partner. The nurturing environment and the wealth of clinical, research, public health and teaching opportunities that our specialty provides its trainees is the perfect foundation for general medicine training.

So, try it! Come to a taster day, talk to the local team – once you've met us you won't want to leave.

What are the highlights of working in GU medicine?

GU medicine offers a spectrum of clinical experience, from one-stop sexual health clinics, offering assessment, diagnosis, treatment, and prevention advice in a single visit, to the long-term care provided in HIV services. The privilege of accompanying someone on their journey from HIV diagnosis, through treatment initiation, and all the events that mark the course of our lives, is an honour.

We are very engaged with how services are commissioned and monitored and (trust me) the chance to use your own skills and experience to shape regional and national work on pathways, guidelines, prescribing and monitoring is fabulous.

We are a very research-active specialty, as evidenced by our incredible national and international conference scene. European and international HIV societies provide the chance for trainees to meet and work with peers from all over the world.

There are many, many opportunities, national and otherwise, too exhaustive to list. However, the variety offered by GU medicine is well illustrated by the very different careers some of my peers have carved: among us are chair of the British HIV Association, deputy chief medical officer for Scotland, director of the Academy for Health Innovation in Uganda, editor in chief of a specialty journal, all from the same starting point!

What advancements in your specialty are you most excited for?

HIV treatment has evolved markedly since the first licensed drug in 1987 – next is the advent of long-acting drugs for treatment and prevention. Potential options include weekly tablets, clinic-delivered 2-monthly injections, 6-monthly self-administered injections, and implants. How to implement these, balancing benefit to patients who struggle with daily pill taking, with service capacity to deliver injectables and the complexities of cost-effectiveness in an era of increasing use of generic medication will be a major focus. A welcome shift towards patient reported outcomes is long overdue.

Like many specialties, we were already on a trajectory towards increasing use of technology to manage people outside traditional clinic settings, and COVID-19 has accelerated this. Applying the lessons learned during the pandemic to streamline care while maintaining patient experience and ensuring we can focus staff resources on those most in need is an exciting challenge indeed.

Finally, the government committed to support the recommendations of the 2020 HIV Commission, including how to reach zero new HIV transmissions. The chance to eliminate new cases of a long-term condition is a rare one, yet we have the tools to do just that! Ensuring the powers that be are held to account as the NHS enters another major restructure will be a crucial goal for us all.

Find out more about GU medicine



British Association for Sexual Health and HIV

HIV Trainee Association

Joint Royal Colleges of Physicians Training Board

NHS – GUM recruitment

Stay up to date on Twitter
@stashh_uk @bashh_trainees

Royal College of Physicians

RCP specialty careers showcase

Geriatric medicine



Dr Sean Ninan

Consultant in geriatric medicine,
Leeds Teaching Hospitals NHS Trust

According to Dr Ninan…

- **teamwork**
- **empathy**
- **attention to detail**

are the three top skills or attributes required for success in this specialty

What is the best thing about training and working in geriatric medicine?

You can take the opportunity to subspecialise in many areas while you train in geriatrics – for instance, syncope, Parkinson's disease or heart failure. My training programme had monthly training days and some space to pursue special interests. I did a lot of education and quality improvement work during training, and I think I was as well prepared as I could be for starting as a consultant.

As well as geriatric syndromes you still get to treat diseases like other specialists. I decided to train in geriatrics because I enjoyed this variety, had the desire for pragmatism and patient-centredness, got on well with the colleagues I worked with, and of course liked the patients, many of whom have rich stories to share.

I love the variety of my role: when working I may be based in acute medical areas, long stay wards, outpatient clinics, rehabilitation beds and in patients own homes, all in the space of one week! I also like making individualised decisions: I can see three people with a heart attack and treat them all quite differently depending on their co-morbidities, their level of frailty and their preferences. I also like treating people who benefit from a comprehensive geriatric approach when traditional medical models fail them, or conversely the patients who aren't getting better where people haven't had frank and open discussions about what is achievable and what is important to them.

What advice would you give to someone seeking a career in geriatric medicine?

Find a mentor or two to discuss the realities and how to succeed. Make sure you know the person specifications and scoring systems for applications early on so you 'tick the boxes'. But then find what you really love, pursue those things, and hang out with people who inspire you and support you.

What qualifications and experience do you have?

I don't have any extra postgraduate qualifications apart from those required. I did spend a year as a clinical leadership fellow where I learnt a lot about management and quality experience which has helped me in life as a consultant and opened other avenues of interest for me.

Are there any misconceptions about geriatric medicine?

That it's full of slow gentle types with elbow patches and sensible dresses. There's a variety of characters who are geriatricians just as there is a huge variety in older people. Some junior doctors don't appreciate the heterogeneity of older people as the ones we see in hospital tend to be the most sick and most frail. The average life expectancy of an 85-year-old woman is 6 years. For a 99-year-old, it's 2 years – so 50% will live longer than this!

What advancements in your specialty are you most excited about?

Increasingly people from all areas see the value in identifying and assessing frailty. Geriatricians are in demand in emergency departments and cancer wards. We need to use this momentum to teach others how to treat older people more effectively. I hope also that the greater understanding of the nature of frailty will inform public health approaches that prevent or delay frailty by developing people's 'assets' – these may be related to education, exercise, nutrition, social networks and more.

Where do you see your career progressing?

I have never been someone with a 5-year plan so am open to what comes my way. I love teaching and quality improvement, so these are the sort of things I find myself doing. I also like doing different things over time, so I fully expect my career to be varied over the next 20-ish years.

Find out more about geriatric medicine

British Geriatrics Society

Why geriatrics?

A career in geriatric medicine

Joint Royal Colleges of Physicians Training Board

Dr Ninan also blogs about his experience as a geriatrician:

Twenty-one tips for junior doctors

What geriatricians actually do

Royal College of Physicians

RCP specialty careers showcase

Haematology



Dr Shubha Allard

Consultant haematologist
NHS Blood and Transport

According to Dr Allard…

- **empathy**
- **excellent communication skills**
- **maintaining and developing skills and knowledge (in self and others)**

are the three top skills or attributes required for success in this specialty

Why did you train in haematology?

I was inspired by some fantastic cases and enthusiastic teachers. The integrated clinical and laboratory approach across many haematological disorders, eg inherited and acquired anaemia, clotting disorders, haemoglobinopathy and many types of blood cancers including leukaemia really appealed to me. The diagnostic skills needed range from basic techniques to the use of cutting-edge advances and molecular techniques with amazing strides in types of therapies available.

Haematologists train dually in medicine and pathology. While this sounds like hard work, this approach really works for our specialty, ensuring we have the right clinical skills developed alongside our critical diagnostic laboratory skills. Haematologists train in highly effective multidisciplinary teams. There are great opportunities to develop and hone critical research skills within the haematology training pathway, and haematology trainees actively contribute to undergraduate and multidisciplinary postgraduate teaching, supporting innovation in education and their own development as trainers.

What qualifications and experience do you have?

- MBChB with an intercalated BSc in pharmacology
- Research degree at the University of Leeds
- Haematology training at St George's Hospital in London
- Consultant haematologist at Northwick Park Hospital
- FRCP and FRCPath
- Consultant in haematology and transfusion medicine at Barts Health NHS Trust and NHS Blood and Transplant
- Chair of the British Society for Haematology Guidelines Committee
- Clinical director of publishing and engagement at the Royal College of Pathologists

What are the highlights of your specialty?

Haematologists work closely with many other colleagues both in primary and secondary care. GPs refer patients that we see as outpatients for assessment and diagnosis and then follow through with management. In secondary care we have our own outpatients and inpatients, together with providing input and advice to many other acute specialties.

As haematologists we support the safe and effective use of transfusion across all clinical specialties.

The truly dual nature of our role is often unappreciated – haematology is an exciting joint clinical and laboratory specialty, so we have a truly unique set of skills and expertise to help patients!

Can you describe your typical day?

Haematologists generally have outpatient clinics and also manage patients in day care and on wards in conjunction with multidisciplinary teams. In large general hospitals, haematologists encounter and manage a wide range of adult and paediatric disorders with essential liaison work with many other specialties, eg A&E, medicine, surgery, obstetrics and gynaecology, neonatal and paediatrics, renal.

In the laboratory, they supervise teams in analysis of blood and bone findings, organise transfusion services, interpret results for their own patients and also advise many other clinicians in various specialties.

What advice would you give to someone seeking a career in haematology?

I would suggest speaking to haematology colleagues, both senior and junior. I would also suggest arranging some placements and getting some exposure to haematology as a specialty and seeing how we diagnose patients and are then able to go forward and treat them and follow their progress. You will also be able to see the major advances that we have steered in the field of haematology in both diagnosis and treatment of our patients.

What advancements in haematology are you excited for?

There have been immense strides in clinical management of blood cancers, with advances in chemotherapy, immunotherapy and stem cell transplantation. There have also been major advances in blood transfusion to support more bespoke patient blood management.

Genetic testing has transformed the diagnosis of many other haematological disorders such as haemophilia, sickle cell disease and thalassaemia, also allowing effective prenatal diagnosis. There are yet more major advances to come with a focus on ongoing high quality clinical trials.

Find out more about haematology

British Society for Haematology

RCPath – become a haematologist

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Hepatology



Dr Aftab Alam

Consultant hepatologist
Kettering General Hospital NHS Foundation Trust

According to Dr Alam…

- **intriguing mind**
- **manual dexterity**
- **aptitude for new skills and technology**

are the three top skills or attributes required for success in this specialty

What are the highlights of working in hepatology?

Hepatology is a mix of acute, chronic and interventional treatment modalities, transforming the lives of many patients who are often from the most socially disadvantaged groups and have multisystem complications. Examples include life-saving endoscopic treatments for gastrointestinal bleeds, liver transplantation and preventing progression of chronic liver disease.

Aside from clinical activities, there is plenty of opportunity to take part in enormous research studies. Hepatologists are essential in planning public health interventions like eradication of viral hepatitis, obesity prevention and alcohol reduction measures, making an impact at community level.

Every day is different in hepatology – one day you might be looking after a very sick patient on the liver ward; another day may be spent on the endoscopy list performing variceal banding, outpatient clinics, cancer multidisciplinary team meetings (MDTs), hepatitis MDTs, gastrointestinal bleed on-call, teaching and research. Some hepatologists may also spend time performing endoscopic ultrasounds, hepatobiliary interventions or being involved in pre- and post-liver transplant management.

What advancements in hepatology are you most excited for and why?

Many think hepatology is all about 'alcoholics and drug addicts'. Liver disease is rapidly rising and is now the commonest cause of premature death in men in the UK, owing to the growing obesity epidemic. There is an enormous array of research studies going on around obesity / non-alcoholic fatty liver disease.

The development of hepatitis C curative treatment and the work of the World Health Organization and UK teams who are aiming to eliminate it completely from the world is captivating. The emerging field of endo-hepatology, with endoscopic ultrasound-guided vascular access and intervention in the liver; diagnosis, staging and treatment of liver tumours; and assessment of portal circulation, is changing the way that liver disease is managed.

It's a really exciting time in hepatology!

What is the best thing about training in hepatology?

Several years ago, the National Confidential Enquiry into Patient Outcome and Death report highlighted considerable variation in the provision of medical care for patients with liver disease due to lack of clinical leadership and expertise. Hepatology is a key part of training in multiprofessional care of the patients with liver disease across community, primary care and hospital settings. So you can make a real difference to society, besides enjoying both technical endoscopic skills and clinical activities.

Find out more about hepatology

British Society of Gastroenterology

British Liver Trust

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Infectious diseases



Dr Edward Moseley

Infectious diseases and medical microbiology registrar (ST6), North Bristol NHS Trust

According to Dr Moseley…

- **curiosity**
- **enjoy inter-disciplinary working**
- **seek variety**

are the three top skills or attributes required for success in this specialty

Why did you train in infectious diseases?

I had been interested in infection from the end of medical school and had been fortunate enough to have placements in my foundation training which built on this – both in infectious diseases and in public health. Infection is something that is present throughout all areas of medical practice, and these cases were the ones that held my interest during my core medical training. I love the breadth of my specialty – rather than being systems-focused like many medical specialties we see patients presenting with a wide range of symptoms and signs.

As an infectious diseases and medical microbiology joint trainee, I have a really great balance of clinical and laboratory-based experience which gives me a broad understanding of how we can approach the diagnosis and management of infections, which is frequently a challenge.

The laboratory medicine side of the specialty was something I had little experience of prior to starting my training but is something that I've found incredibly satisfying – the opportunity it gives me to interact with colleagues from all specialties within the hospital, and to know about (what I think of as) the most interesting patients in the hospital, is very rewarding.

What qualifications and experience do you have?

Prior to taking up my infection training post I had completed my undergraduate training (MBChB) at Keele University. I then completed my foundation training in Stoke-on-Trent and had placements in infectious diseases and in public health, which gave me great opportunities to carry out relevant projects relating to infection.

I then moved to Portsmouth where I completed my core medical training (which has since turned into internal medicine training). During this time, I completed my membership exams for the RCP. I also carried out a number of projects with the local microbiology team.

Following my core training, I took time out from training and attained my postgraduate Diploma in Tropical Medicine and Hygiene (DTM&H) at the Liverpool School of Tropical Medicine. I then spent a year working as a postgraduate medical education fellow in Gloucestershire and attained a postgraduate certificate in Teaching and Learning for Health Professionals.

Since entering infection training, I've worked in Bristol and Bath, and have completed part 1 of the membership exams for the Royal College of Pathologists (with part 2 hopefully to come shortly!). I've more recently taken a trainee post on the British Infection Association Council.

Are there any common misconceptions about a career in infectious diseases?

The infection specialties have classically been split into the clinically oriented, ward based 'infectious diseases' (and tropical medicine in more specialist centres), and the laboratory-based microbiology and virology specialties, but this has changed a great deal in recent years. All trainees in infection specialties (during the 'combined infection training' segment of the infection training programme which makes up ST3–ST4) gain experience in all aspects of infection. The majority of trainees are now dual-accredited (most in infectious diseases and microbiology), with further experience gained in both areas during their higher specialist training (ST5–ST7), and an increasing number of departments nationally now have consultants who rotate between the laboratory and ward-based practice.

This integration of services is almost certainly going to continue. Even in microbiology, laboratory automation has meant that medical microbiologists are increasingly able to spend time in clinical areas, working with ward-based teams, and directly reviewing complex patients – so don't write microbiology off as a specialty for fear that you may never see a patient again; it's a wonderfully varied and well-balanced specialty, that I've found very rewarding.

How do you see your career progressing in the future?

The infection specialties are becoming increasingly integrated. At my current trust, a number of consultants now spend time doing both ward-based infectious diseases practice and more laboratory-centred work in medical microbiology.

I hope to keep some balance in my future career, although I have come to see myself pursuing the microbiology side of the specialty over clinical infectious diseases. The parts of my job that I value most are the opportunities I have to take time with patients with complex infection, explaining their diagnosis and management when their ward teams don't always have the capacity to do so, and the ability my work affords me to engage with junior doctors across the hospital when discussing cases, educating them about my specialty and (hopefully) improving knowledge and understanding in the process!

Education is something I have come to see as very important, and so I definitely see this forming a significant part of any role I take in the future; teaching all clinicians to better understand how and why we use the treatments we do is vitally important as a way of improving antimicrobial stewardship in the long term. Wherever I work, I hope I can continue to engage in education with colleagues of all stages of their career from medical school onwards.

Find out more about infectious diseases

British Infection Association

Joint Royal Colleges of Physicians Training Board

RCPath – medical microbiology

RCPath – medical virology

Royal College of Physicians

RCP specialty careers showcase

Infectious diseases



Professor Martin Wiselka

Consultant and honorary professor of infectious diseases,
University Hospitals of Leicester NHS Trust

According to Professor Wiselka…

- **good general medical knowledge**
- **enthusiastic, non-judgemental and interested in patients**
- **multidisciplinary team working**

are the three top skills or attributes required for success in this specialty

What are the highlights of training and working in infectious diseases?

The best thing about training in infectious diseases (ID) is the flexibility of the training programme. ID training is unique, as it can be combined with either general medicine, microbiology or virology. IM3 is a requirement for training in ID/GIM only. If you are considering applying to an ID training programme, you should take advice and consider which of these training programmes you would prefer. All trainees complete 2 years of combined infection training (CIT), essentially 1 year of microbiology and 1 year of clinical ID before undertaking higher specialist training. ID is an academic specialty and, although a period of research is not a requirement, most training programmes will actively encourage research, leading to a higher degree or gaining additional experience, such as the diploma of tropical medicine and hygiene, or spending time working abroad or in a specialist centre acquiring valuable clinical skills and expertise.

What advice would you give to someone seeking a career in infectious diseases?

I would advise someone seeking a career in the specialty to be flexible, keep their options open, and to seize any opportunities that arise. The future is uncertain and ID physicians need to be able to adapt and confront any challenges. These may be predictable, eg management of increasing antimicrobial resistance, but may be completely novel, such as the arrival of COVID-19. The rest of the hospital will look to the ID specialists to take a lead during these situations. These challenges can offer opportunities for additional experience and research funding, and trainees need to be in a position to take advantage of these. When applying for consultant posts, trainees should realise that the job description will change over time depending on the development of the service and hospital trust.

It will usually be possible to develop particular clinical interests or take on additional roles involving medical education, management, research or national roles, depending on the interests and aspirations of the postholder. A medical career can therefore continue to be challenging and rewarding over many years.

What advancements in infectious diseases are you most excited about?

Improved diagnostics have revolutionised the management of infectious diseases and molecular diagnosis, and whole genome sequencing is now part of routine clinical practice. HIV and hepatitis B are now completely treatable diseases and we look forward to curative therapies in the medium to longer-term future. Hepatitis C can be cured in over 95% of patients with a simple course of tablets lasting 8–12 weeks and will be eliminated as a public health problem over the next 5–10 years. TB diagnostics and treatment remain challenging, but newer more effective short-course treatment are likely to be introduced in the near future. I look forward to the continuing decline of tuberculosis both in the UK and worldwide.

What challenges does the specialty face?

Clinical challenges include managing complex infections in patients who are often frail with co-morbidities, prosthetic devices or immunosuppression. Managing patient expectations can be difficult, with the widespread perception that all infections are easily curable with antibiotics. Antimicrobial resistance is a serious and increasing problem and drug resistant TB is a devastating condition often, requiring months of in-patient treatment. ID specialists often deal with some of the most vulnerable and deprived members of society who come with many challenges, often requiring a multidisciplinary team approach. Time management can be difficult with many competing demands on your time.

Can you describe your typical day?

There is no such thing as a typical day in ID, which is why it is such an exciting and stimulating specialty. Most days will start with a board round identifying any newly admitted patients, those who are unwell and those who require further tests or discharge planning. This will usually be followed by a ward round of patients on the ID Unit and consultations throughout the hospital. ID physicians may be asked to see patients in the emergency dept (ED), acute medical unit (AMU), ICU or any of the medical or surgical wards. Regular in-reach to the ED and AMU is encouraged in most hospitals. Training will also include periods of time spent in clinics, including specialist HIV, hepatitis and TB clinics, travel clinics and attachments to the OPAT service. Participating in teaching and research are encouraged and trainees will also be expected to attend X-ray meetings and multidisciplinary team meetings. The variety of patients and training opportunities help to make each day interesting and unique.

What are the highlights of working in infectious diseases?

The COVID-19 epidemic has highlighted the specialty and the need to respond to unexpected threats. The attractions of working in ID include investigating and treating patients with challenging and often completely treatable conditions, and managing many of the most interesting patients in the hospital. The spectrum of illness depends on the complex interaction between the microbial pathogen, the host immune system and underlying social factors that makes ID such an interesting and engaging specialty. Team working is essential and patients with conditions such as HIV, TB, viral hepatitis and those requiring outpatient antimicrobial therapy (OPAT) are managed by multidisciplinary teams. Close liaison with the microbiology laboratory is crucial and there have been huge advances in molecular diagnostic testing and whole genome sequencing over recent years. Over the course of a career in ID, there have been many advances including effective treatments for HIV and hepatitis C, but further challenges have arisen, including increasing antimicrobial resistance and the response to outbreaks of infection.

Find out more about infectious diseases

British Infection Association

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Medical oncology



Dr Helen Hockings

Medical oncology specialty registrar (ST5)
Barts Health NHS Trust

According to Dr Hockings…

- **sensitivity and good communication**
- **team working**
- **desire for knowledge and improving outcomes**

are the three top skills or attributes required for success in this specialty

Why did you train in medical oncology?

Medical oncology is an exciting, interesting specialty with potential therapeutics expanding at an exponential rate, and novel targeted treatments and immunotherapy drugs radically changing patient outcomes in multiple tumour types. My interest was cemented during two inspiring taster weeks and a rotation as an SHO. Medical oncology has a great mix of clinic and ward-based work and I enjoy working as part of a multidisciplinary team, who provide brilliant support during challenging times. In addition, I prefer being part of a selected acute oncology take, where we see patients admitted with complications of their disease or toxicities from treatment, and we do not (currently!) have to dual accredit with general internal medicine.

Communication skills are particularly important in this specialty, with breaking bad news a common requirement. I find my work rewarding, however, building relationships with patients through frequent clinic appointments and seeing many get better. It is a privilege being involved in such a difficult time in someone's life and being able to make a real difference to the journey for the patient and their family through the right communication and care.

Medical oncology is a highly fulfilling and rewarding specialty and I cannot recommend it highly enough!

What advice would you give to someone seeking a career in medical oncology?

To stand apart from other applicants, it is key to show commitment to the specialty. I would recommend pursuing taster weeks as a junior doctor and trying to get a rotation that includes oncology. Endeavour to arrange attendance at clinics as much as possible, as these will tell you what the job is really like, rather than only seeing unwell patients on the wards. In addition, ask to sit in with clinical oncology StRs during radiotherapy planning sessions to get an idea as to whether medical oncology or clinical oncology is the right choice for you. A simplistic way of thinking about it is medical oncology is for people who like biology and novel drug development, while clinical oncology is for people who like physics and delivering radiotherapy.

If possible, try to get involved in some oncology-associated projects, and not just during oncology rotations. For example, as a junior doctor on the acute medical unit, I performed a quality improvement project improving awareness of the acute oncology service within my district general hospital and updated guidelines on neutropenic sepsis and metastatic spinal cord compression, as well as delivering education for junior doctors and allied health professionals on oncological emergencies.

Are there any misconceptions about a career in medical oncology?

Many people believe that you need to be very academic to pursue a career in medical oncology. While academia and novel drug development play a key role in this specialty, not all consultants are clinician scientists. There is a growing need for consultants who can fulfil acute oncology and educational roles, as well as those coordinating clinical trials within a clinical setting. That said, it is highly encouraged to have an out-of-programme research period, but this can be based upon setting up a clinical trial or improving hospital services rather than a basic science lab project. This period can be a well-deserved and needed break from early mornings and service provision, and a time to focus on yourself.

It is, however, key for you to have a keen desire for knowledge and improving patient outcomes. It is a very fast-advancing specialty; for example, the current treatment for melanoma is unrecognisable from 10 years ago, and you need to have the drive to stay up to date in this exciting field of medicine.

Find out more about medical oncology

Association of Cancer Physicians

National Cancer Institute

Joint Royal Colleges of Physicians Training Board

European Society for Medical Oncology

British Oncology Network for Undergraduate Societies

Royal College of Physicians

RCP specialty careers showcase

Medical ophthalmology



Dr Jonathan Virgo

Consultant medical and neuro-ophthalmologist
Guy's and St Thomas' NHS Foundation Trust

According to Dr Virgo…

- **hard-working**
- **attention to detail**
- **communication skills**

are the three top skills or attributes required for success in this specialty

What are the highlights of working in medical ophthalmology?

Medical ophthalmology is a fascinating area of medicine. It combines ophthalmology and general medicine, with strong links to neurology and rheumatology.

I find it greatly rewarding caring for patients with inflammatory disease affecting their vision. They are predominantly working-aged adults, and prompt diagnosis with appropriate treatment can be sight-saving. There are a range of therapeutic options, including intraocular steroid implants, systemic immunosuppressive medication and biologic therapy. These patients often have multisystem disease, which provides the opportunity to collaborate with several other specialties.

Another highlight of medical ophthalmology is the availability of diagnostic tools. In clinic I have ready access to detailed fundus imaging and visual field testing, and I work alongside my optometry and orthoptic colleagues. This facilitates the ophthalmic diagnostic process and allows accurate monitoring of patients. For patients with systemic disease, I frequently utilise non-ophthalmic investigations, such as blood tests, lumbar puncture, brain and orbit MRI, whole-body PET-CT, surgical biopsy and electrophysiology. This distinguishes medical ophthalmology from surgical ophthalmology and aligns it with other medical specialties.

What qualifications and experience do you have?

I completed core medical training and gained MRCP(UK) accreditation. I have a genetics BSc and a clinical neurology MSc from the UCL Institute of Neurology, Queen Square. My medical ophthalmology specialist training was split between the Medical Eye Unit at St Thomas' Hospital and Moorfields Eye Hospital. During this time I gained FRCOphth accreditation. As a junior registrar I rotated through all the ophthalmic subspecialties; later my main focus was on uveitis and neuro-ophthalmology. I gained experience managing patients with complex immunosuppressive treatments through working in rheumatology clinics. On-call work at Moorfields was based in the eye casualty department and at St Thomas' Hospital I was on a medical registrar rota. My practical skills include intravitreal injections, retinal laser and lumbar puncture.

I did a post-CCT neuro-ophthalmology fellowship at Moorfields and then worked as a locum consultant at Moorfields Eye Hospital and St Thomas' Hospital. In 2020 I was appointed substantive consultant in medical and neuro-ophthalmology to the Medical Eye Unit at St Thomas' Hospital.

Can you describe your typical day?

My work is primarily outpatient based in uveitis and neuro-ophthalmology. I also spend much of my time seeing patients with acute pathology, receiving referrals from eye casualty and inpatient medicine. This adds diversity to my day, which I enjoy. I lead a weekly biologics multidisciplinary team meeting, where we make decisions regarding initiation and management of patients' biologic therapy. There is also a weekly neuroradiology meeting. In the Medical Eye Unit (MEU), I work closely with my ophthalmology and neurology colleagues, along with a team of junior doctors including an FY2, ophthalmology, medical ophthalmology and neurology specialty registrars and a post-CCT fellow. We have a weekly MEU ward round, which has a long, prestigious history; patients with more complex problems are seen in this multidisciplinary team setting. During the COVID-19 pandemic we have set up virtual clinic pathways and telephone clinics, which we plan to keep long term, as a means of following up low-risk, stable patients more efficiently. A major problem in hospital eye services is a lack of space and a great need to expand capacity. These issues occupy much of my admin and SPA time.

Find out more about medical ophthalmology

Medical Ophthalmology Society

UK Neuro-Ophthalmology Society

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Metabolic medicine



Dr Jaimini Cegla

Consultant in metabolic medicine
Imperial College Healthcare NHS Trust

According to Dr Cegla…

- **scientifically minded and enjoy lab environments**
- **enjoy patient care**
- **hard-working**

are the three top skills or attributes required for success in this specialty

Why did you decide to train in metabolic medicine?

It was while I was an ST2 in internal medicine training that metabolic medicine was suggested to me by a professor in endocrinology. I loved the clinical aspects of endocrinology, but realised that the antisocial hours and protocol-driven practice of acute medicine weren't for me. I'd also had experience of working in a laboratory during a haematology rotation and I discovered that I enjoyed the mix of work. Metabolic medicine seemed to offer the best of both worlds – patient contact and the scientific challenges of laboratory medicine.

Are there any misconceptions about a career in metabolic medicine?

For me, one of the major challenges is that metabolic medicine is not a very well-known specialty. It's an absolute myth that it's a non-patient contact specialty. Fortunately, I'm involved in undergraduate medical teaching at Imperial (as a lecturer and personal tutor) and I always try to raise awareness of the specialty for the undergraduates.

Can you describe your typical day?

My weeks are varied, and every day is different. I would say that approximately a third of my work is clinical, a third is lab work, and the remaining third of my time is spent carrying out research.

I have a very diverse clinical workload. I look after the lipids and cardiovascular risk service at Hammersmith Hospital where I see a full spectrum of patients, including some with very rare inherited disorders of lipid metabolism. We offer genetic testing and specialist treatments such as lipoprotein apheresis. The clinics really challenge me to use holistic skills in general medicine, with specialist knowledge of the metabolic pathways and genetics involved. Other clinics run by metabolic medicine specialists include metabolic bone, diabetes, bariatric medicine, inborn errors of metabolism and parenteral nutrition ward rounds. There is real scope to become an expert in your chosen area(s).

In the clinical biochemistry laboratory, I spend time developing new tests and giving clinical advice to other clinicians about interpretation of tests and management of patients. I also do on-calls which are from home and mostly I give clinical advice over the phone and support the lab. On weekdays they are between 5pm and 9am, so I can get a few calls during the night, and at weekends they last 24 hours.

I also enjoy carrying out research, as it means that you can drive and develop the treatments that your patients receive in clinic. There is huge scope for an academic career with metabolic medicine and many of us do a PhD in our chosen area. My research relates to atherosclerosis and I am involved in several trials of novel therapeutic agents to prevent the progression of cardiovascular disease.

Find out more about metabolic medicine

British Medical Journal

NHS Careers

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Neurology



Dr Amy Ross Russell

Neurology ST6
Wessex Neurological Centre,
University Hospital Southampton NHS Foundation Trust

According to Dr Ross Russell…

- **strong communication skills**
- **systematic thought processes**
- **curiosity**

are the three top skills or attributes required for success in this specialty

Why did you train in neurology?

I found it difficult to choose a medical specialty. I enjoyed almost all my medical school placements, both surgical and medical, and thought seriously about a wide range of options. It wasn't until my second foundation year that I knew I wanted to do adult medicine, partly through working with like-minded people on medical jobs, but more because I found medical jobs the most varied and interesting, and felt they represented my best opportunity for career-long learning.

Choosing neurology was also a challenge, as I loved general medicine, and had not experienced several potential specialty options. I decided that the things that I enjoyed and wanted most within my career were diagnostic process, a prominent clinical and examination focus, and a developing specialty that was still evolving. I also decided I wanted to be a specialist in a single system, rather than a generalist covering all systems.

All this pointed to neurology, but I think the final choice was really based on what interested me the most. From medical school, neuroscience had fascinated me like nothing else, and I knew this interest could be sustained over a career.

Can you describe a typical day as a neurology specialist?

A typical day can look quite different depending on your career choices and job plan.

There is always likely to be a significant number of general/subspecialty clinics, perhaps 3–5 per week, and the associated admin for these is considerable, with usually a half-session of admin scheduled per clinic.

In addition, or in replacement, you may be more 'front-door' based, running acute neurology liaison services (ward referrals, and acute admissions with neurological complaints) or responding to emergency stroke admissions (including delivering thrombolysis, and potentially in the future, even performing mechanical thrombectomy for acute stroke).

Neurology often follows A 'hub-and-spoke' model, such that neurologists belong to a central tertiary centre where regular (usually weekly) specialist multidisciplinary teams, radiology meetings and teaching are organised. In addition, they provide general (and sometimes specialist) clinics and inpatient neurology liaison at a district general hospital, and their week is split between two sites. Most neurologists at tertiary centres (where there are neurology beds) will have a small number of inpatients at any one time, although in some centres, consultants rotate to cover all inpatients for blocks of time.

Almost all neurologists are involved in regular teaching of medical students and junior colleagues.

Are there any misconceptions about a career in neurology?

There are major historic misconceptions about neurology. Many people have told me that neurologists diagnose but don't treat people, or that there is nothing we can do to help, and that it's a very depressing specialty. This is not true. There have been phenomenal developments in the diagnosis and treatment of neurological diseases over the past few decades, perhaps most notably the now extensive, and highly effective disease-modifying treatments for multiple sclerosis, and emergency treatments for acute stroke. There are also emerging treatments for neurodegenerative diseases. Immunosuppressive treatments are varied and tailored to individual conditions, and the understanding of these is constantly developing.

Neurologists absolutely do treat people, in both acute and chronic settings, and have a dramatic impact on people's lives and their abilities to function.

In addition to this there are conditions which are still not treatable, and the recognition, prompt diagnosis, and compassionate management of these individuals requires a different skill set. There is a lot we can do as specialists within an MDT to help these patients and their families through complex disease journeys and palliation, and it is an honour and hugely rewarding to be able to do this.

Find out more about neurology

Association of British Neurologists

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Nuclear medicine



Dr Deborah Pencharz

Consultant in nuclear medicine
Royal Free London NHS Foundation Trust

According to Dr Pencharz…

- **wide medical and radiological knowledge**
- **logical thinker**
- **good communication**

are the three top skills or attributes required for success in this specialty

Why did you train in nuclear medicine?

I had a good clinical background, having worked as a medical registrar for a few years, but I was not attracted to the more standard or popular clinical medical specialties. I had enjoyed science at school, and I liked that nuclear medicine had a stronger requirement for understanding some basic science than other medical specialties. I could not see myself working either on the ward or in outpatients for the majority of my time at work.

Additionally, I liked that nuclear medicine still required clinical knowledge, but was a relatively non-clinical specialty in terms of time spent reporting images and communicating with colleagues rather than seeing patients. I also liked that it is multisystem, as we image patients with cardiovascular disease, many different cancers, bone and joint disorders, renal and urological problems etc, and I enjoy thinking about a broad spectrum of systems and diseases.

Nuclear medicine is also used for both diagnosis and treatment/therapy – increasingly referred to as theranostics – which is a particularly interesting aspect of the specialty.

Finally, as it is a relatively small specialty, there are good opportunities for research, service improvement and developing new services.

Can you describe a typical day?

The majority of my time at work is spent reporting images. These can be quite varied, eg conventional planar nuclear medicine such as bone scans, scans with important dynamic information such as renograms or hybrid imaging where computed tomographic images (3D rather than planar) are fused with CT. The majority of PET-CT studies are performed on patients with cancer, but there is a wider range of conditions encountered in conventional nuclear medicine.

The next largest proportion of my time is spent preparing for, and attending, multidisciplinary team (MDT) meetings. This involves focused review of studies to allow concise and relevant discussion of patient management with other clinicians such as physicians, pathologists, oncologists and surgeons. Although preparing for MDTs can be quite repetitive, attending them is enjoyable and productive, as I help make decisions about patient management as well as learn from my colleagues and get feedback about scans.

The rest of my time at work is spent on different tasks such as teaching, reviewing data or scans for audit and research, attending meetings, liaising with other colleagues in the department and the hospital and, of course, the endless task of attending to emails!

What is the best thing about training in your specialty?

It is an interesting mix of basic anatomy and physiology, physics, pathology and clinical medicine. It covers multiple specialties, so there are always different systems and diseases to think about. Much more time at work is spent reporting images or interacting and communicating with other staff members rather than patients or relatives, which is something I prefer.

The on-call commitments for pure nuclear medicine are very low, although they are greater if combined with radiology. The specialty does evolve quite quickly with new tracers or new indications for old tracers coming into practice, so there are always new things to learn. Training in nuclear medicine is more onerous than other medical specialties in terms of time and exams, but it is worth it when you finally qualify as a consultant. It is possible to train via a shorter route through radiology and become a 'radionuclide radiologist'. These consultants can report nuclear medicine studies, but do not really become involved in therapy or administer therapeutic radionuclides.

Find out more about nuclear medicine

British Nuclear Medicine Society

European Association of Nuclear Medicine

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Nuclear medicine



Dr Laura May Davis

Nuclear medicine trainee
University College Hospitals NHS Foundation Trust

According to Dr Davis…

- **good anatomy and physiology knowledge**
- **enjoy patient interaction**
- **eager to learn**

are the three top skills or attributes required for success in this specialty

Why did you train in nuclear medicine?

I had a strong interest in both oncology and diagnostic radiology prior to entering higher training, and wanted to find a career that allowed the continued pursuit of both. Nuclear medicine allows one to train in clinical radiology and simultaneously to practise as a nuclear medicine physician. This combination allows integration with the diagnostic process seen in general medicine and best experienced during radiology on-calls, as well as the more specialised role that members of the nuclear medicine team play as part of the oncology multidisciplinary team, delivering targeted molecular radiotherapy to inpatients.

This aspect of nuclear medicine is something I'm passionate about, and as a developing field it has a multitude of research avenues to pursue. Equally, the general radiology aspect of the training programme helps to build a broader understanding of anatomy, physiology and pathology that engenders a great deal of job satisfaction.

What qualifications and experience do you have?

After completing an undergraduate degree in English language and literature, I undertook a postgraduate medical degree and came to London for my foundation training.

I subsequently took a core medical training job for 2 years in London, with posts in nephrology, liver transplant medicine, endocrinology, gastroenterology and oncology, and gained my MRCP(UK) while doing so.

I then took a year to complete my master's degree in nuclear medicine and had a placement in a nuclear medicine department during that year, which was a wonderful experience. Additionally, my mentor during that year was exceptionally supportive, allowing me to focus on research and publishing.

I am now 3 years into my nuclear medicine training programme and am sitting the final fellowship exam of the Royal College of Radiology this year.

What advancements in nuclear medicine are you most excited about and why?

The scope for theragnostic medicine – the ability to image using tumour markers that we can then repurpose with therapeutic radioisotopes – is really fantastic. It's allowing a change in the way we image and treat cancers, and providing us with new, highly focused ways to treat malignancies that previously were not amenable to treatment. The increased precision allowed by these approaches means that there can be a great reduction in the side effects that patients would previously have experienced, translating into an improved quality of life – a benefit that I see as invaluable.

Find out more about nuclear medicine

British Nuclear Medicine Society

European Association of Nuclear Medicine

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Occupational medicine



Professor Drushca Lalloo

Consultant physician in occupational medicine
Honorary professor / deputy head, Healthy Working Lives Group, University of Glasgow

According to Prof Lalloo…

- **an investigative mind**
- **objectivity and impartiality**
- **good communication**

are the three top skills or attributes required for success in this specialty

What is the best thing about training in occupational medicine?

Occupational medicine is a unique specialty that operates at the interface between work and health. Traditionally, our role has been to make workplaces safer and to prevent, diagnose and manage occupational diseases. In modern day practice, this has extended to looking at the functional demands of a person's job and then assessing that against the impact of any medical conditions they have, to provide specific advice for example, whether they are medically fit (or not) to carry out their job and how that can be facilitated. As the nature of work has evolved over the centuries, so has our specialty with new workplace hazards and occupational diseases emerging all the time.

As occupational physicians, we are in a unique position to make a positive impact on an individual, society and even the economic prosperity of the country. By preventing and diagnosing work-related illness/occupational diseases and making workplaces safer, we can reduce mortality and morbidity. Furthermore, in 'enabling' individuals with health conditions to remain in or return to work, we can improve their physical and mental health/wellbeing, their socio-economic prospects and that of their families. Occupational medicine is a specialty not just concerned with saving our patient's lives but also their livelihoods.

What are the highlights of working in occupational medicine?

1. The variety – there is a such a variety of clinical scenarios that you encounter in any given clinic. This can range from specific occupational diseases (eg occupational cancers, hand-arm vibration syndrome, occupational asthma, noise induced-hearing loss, asbestos-related disease), to traditional medicine (from cardiology, orthopaedics and mental health, to endocrine diseases) and every now and then, some rare condition I have never heard of! Some are caused by work and some impact on a person's ability to work. It really is like Forrest Gump – 'you never know what you're gonna get?' – except sadly, without the chocolates!

2. The opportunities – as a small specialty, there is relatively easy access to a plethora of opportunities to advance your career development and keep things interesting, eg teaching, research, examining, appraising, mentoring, holding regional/national posts. There is also of course the choice to work in either the NHS or the private sector and even to be medical director of your own occupational health company if you so wish!

3. Work-life balance – no on-call and every weekend off. What more can I say?

Can you describe a typical day?

Occupational medicine is practised both in the NHS and the private sector.

On clinic days, an occupational physician can carry out a range of different assessments including, investigation of work-related illness, fitness for work assessments, advising employers and employees on return-to-work plans after sickness absence or advising on workplace adjustments to enable employees with medical conditions to return to or remain at work. They can also undertake ill-health retirement medicals and periodically, visits to workplaces, my most recent being at an abattoir and a plumbing manufacturing plant.

There is also scope for clinical teaching/training and academic work. For example, in my university role, I lecture to medical students as part of the undergraduate curriculum and to occupational health clinicians on our postgraduate CPD courses. I also undertake research, usually based on ideas arising from my clinical work. This has allowed me the opportunity to meet and collaborate with occupational physicians/researchers from around the world, which for me is definitely a highlight of the job!

Find out more about occupational medicine

The Faculty of Occupational Medicine

The Society of Occupational Medicine

Royal College of Physicians

RCP specialty careers showcase

Paediatric cardiology



Professor John Simpson

Consultant in paediatric and fetal cardiology
Guy's and St Thomas' NHS Foundation Trust

According to Professor Simpson…

- **work ethic**
- **empathic manner and a sense of humour**
- **team player**

are the three top skills or attributes required for success in this specialty

Why did you train in paediatric cardiology?

I was interested in cardiology, but most interested in the diverse patient conditions and management in congenital heart disease. In addition, I wanted to train in a specialty where I could get a mix of acute inpatient, intensive care and outpatient work and also get procedural training, whether diagnostic or interventional.

Paediatric cardiology includes so many facets of patient care, including prenatal diagnosis, advanced diagnostics eg 3D echocardiography, CT and MRI, and a close interface with cardiac surgeons and intensive care. What this means is that no two days are the same and there is the potential to make a huge impact for patients, which can make a difference for the rest of their lives.

I was influenced heavily (before I went into the specialty) by hearing leaders in the field lecture, for example Professor Lindsey Allan who pioneered prenatal diagnosis of congenital heart disease, and Professor Mike Tynan who made huge advances in catheter intervention.

Can you describe your typical day?

A typical day begins around 8.00am with either an intensive care ward round or teaching. Echocardiograms are reviewed at around 8.30am for new diagnoses and to prepare surgical cases for the following day.

This is followed either by paediatric cardiology outpatients, fetal cardiology clinic or intraoperative imaging. At lunchtimes and some afternoons we have multidisciplinary meetings, for example to plan care either by surgery or catheter intervention.

What qualifications do you have?

I went to the University of Edinburgh and did an intercalated BSc in pharmacology. After this my core training was in paediatrics and I undertook the paediatric MRCP (as it was at the time). I came to Guy's Hospital in 1993 for a research post in paediatric and fetal cardiology under Professors Gurleen Sharland, Mike Tynan and Shak Qureshi and continued to complete my CCT in 1998. I undertook a fellowship at UC San Francisco in 1998 and was appointed as a consultant in 1999. I completed my MD thesis in echocardiographic assessment of fetal cardiac function in 2000.

My experience as a consultant was heavily clinically focused but gradually, I have undertaken more research with a major focus on cardiac imaging, particularly echocardiography. I am lead investigator on NIHR- and BHF-supported research, but enjoy collaborating with others with related interests. I was promoted to professor of paediatric and fetal cardiology in 2014. Aside from research, teaching has been a major part of my work across all facets of paediatric cardiology.

Have you any advice for trainees interested in paediatric cardiology?

Don't be deterred by negativity! I was asked at the start if I really wanted to do the specialty, given the small number of posts available.

I introduced 3D echocardiography to our service in 2003 and initially people laughed (the pictures were not that great!), but persistence and technical advances have transformed this technique and its applications.

What are the highlights of working in paediatric cardiology?

It is a huge attraction to work as part of an integrated team where different individuals bring different skills to the care of the patient. For example, many of our patients will involve the input of advanced imaging by subspecialist cardiologists to decide on the best approach, whether by catheter intervention or surgery.

The balance of inpatient and outpatient exposure, practical procedures and teamworking is a real highlight. For example, intraoperative cardiac imaging has become an integral part of surgical and catheter procedures, so the team interplay is very strong.

In addition to the direct clinical work, there are many things we simply do not understand and so there is opportunity for research. Currently, we are researching the use of virtual reality imaging to plan surgical or catheter intervention, use of artificial intelligence to improve prenatal diagnosis, and understanding the impact of congenital heart disease on brain development.

Above all, the paediatric cardiologist will see patients from day 1 of life right through until adulthood. Seeing patients whom I've seen as a fetus transition to adult services is probably unrivalled in any specialty.

Find out more about paediatric cardiology

British Congenital Cardiac Association (BCCA)

BCCA training curriculum

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Palliative medicine



Dr Chris Farnham

Consultant in palliative medicine
East Kent Hospitals University Foundation Trust

According to Dr Farnham…

- **calmness and thoughtfulness**
- **kindness**
- **clarity of thought and speech**

are the three top skills or attributes required for success in this specialty

Why did you decide to train in palliative medicine?

Well … saying that you work with dying patients all day certainly doesn't sell it to everyone! Palliative medicine is a relatively new specialty, only being recognised in the 1980s and originally I started in HIV/AIDS medicine, seeing people at home who were dying. This sparked an interest in caring for people at the end of their life and steered me away from oncology to palliative medicine. I really liked looking after ill patients and being able to work as a part of a multiprofessional team, seeing patients in their own homes and in hospitals, really appealed to me.

I also enjoyed general medicine and felt that I was able to keep a lot of those interests and skills alive. Finally, being introduced to hospice medicine really opened my eyes to what excellent care can really be delivered and made me feel really proud to be a part of a team that held the patient and their loved ones at the centre of what they did.

Are there any misconceptions about your specialty?

Yes! There is nothing like a conversation stopper when someone asks what you do – their faces often assume a look of either horror or pity, depending on their take on palliative medicine. I often explain that, yes, I did choose to work in this specialty and yes, I do enjoy it. What those people don't know is that we have great fun and that hospices are often places of real joy and calm. I can honestly say that the teams I have worked with over the years have made it all doable – it really is the people you work with who matter! I feel very lucky to have chosen this as a career path and would not change a thing.

What is the best thing about training in palliative medicine?

Because we are quite small in numbers compared with the larger medical specialties, it does really feel as if we know a lot of the trainees and trainers – this makes it quite hands-on and supportive. I liked the mix of training in the community and hospital practice – there really is something for everyone, and this is reflected in the jobs available when you come out at the other end as a consultant. Additionally, palliative medicine now has a growing academic cohort of trainees who are pushing back the adage that it is too hard to do research in palliative medicine – the number of trainees with an MSc or PhD is ever expanding, and this is encouraged within the training programme.

We are also a predominantly female specialty, and this probably reflects in some degree the flexibility that the training allows – feedback from trainees is generally very positive and, added to this, the generally light on-call commitment is fantastic. Who wouldn't want to train in palliative medicine?

What advancements are you excited about?

Palliative medicine has moved from a predominantly cancer-based specialty to one where we see people with any diagnosis. We are working more closely with our frailty consultants and patients in care homes with high levels of symptom burden. Slowly, we are being seen less as the 'end-of-life team', but as having something to offer earlier on in patients diagnoses.

Research is also starting to give us more of an evidence base on which to build a more robust practice and with this comes a more confident specialty.

What qualifications and experience do you have?

I did a couple of general medical rotations before becoming a registrar for 2 years supporting patients with HIV/AIDS in a hospital and hospice setting. After this I became a specialty registrar in palliative medicine, training in North London for 4 years. Once I had qualified as a consultant I moved to Herefordshire, working between the hospice and hospital as well as in the community in Herefordshire and Mid Wales.

Following on from that I moved to University College London Hospitals and working within the community of Camden and Islington and then as medical director of St John's Hospice and Westminster community team.

Since then, I've also worked as medical director and consultant across many different hospices and hospitals. I now work in East Kent Hospitals University NHS Trust and hope that this will be the last move in my career. I hope you can see that there are plenty of opportunities for new roles and new situations.

Can you describe a typical day as a palliative care consultant?

There is no typical day! Dependent on your base, hospice, hospital or in the community your day may vary. If you were based in a hospice, your day may start with the ward round and seeing the new referrals. This may be followed by a multidisciplinary team meeting, where you could work alongside clinical nurse specialists, ward nurses, chaplain, social workers, occupational therapist, physiotherapists and psychologist to discuss patient care.

If hospital based, which I am, the day begins by reviewing patients in resus and the intensive care unit on wards, alongside a hospital clinical nurse specialist.

If working in the community you could then travel, often a long way, to see a patient and plan. Often you would liaise with their GP to consider how to keep patients at home and how to manage their symptoms. This collaboration and patient-centred planning can be very rewarding.

Finally, your day as a palliative care consultant may also include teaching, research, quality improvement work, management meetings and sometimes fundraising that needs to be fitted in around the main job of patient care.

What advice would you give to someone interested in this specialty?

You really have to love being with people and to be inquisitive about them and their lives. This really is a specialty where the person matters, and you must be willing to see past the problem at hand and to really want to understand what makes them 'tick' and to problem solve – there is always a solution.

Sometimes it really can feel that you are on your own as we are often having to fight for the patient to get what they want – systems are often set up for the greater good and when you want something different, you can be seen as a bit irritating … but that is sometimes our role!

Find out more about palliative medicine

Association for Palliative Medicine of Great Britain and Ireland

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Pharmaceutical medicine



Dr Philip Ambery

Global clinical head, cardiovascular, renal and metabolic research, AstraZeneca
Consultant physician, acute medicine, Cambridge University Hospitals NHS Foundation Trust

According to Dr Ambery…

- **passion for learning**
- **flexibility, able to handle change**
- **hard working**

are the three top skills or attributes required for success in this specialty

Why did you train in pharmaceutical medicine?

I couldn't see myself spending 100% of my time in hospital medicine until the point I retired. I came from a business-orientated family and was always interested in the science of drug development, so going into the pharmaceutical industry seemed like a good fit. I tried virtually every job a medic could do in the pharmaceutical industry, first for GlaxoSmithKline and then latterly for AstraZeneca. I have continued to work in Cambridge in acute medicine because I love the patient contact and I always leave a clinical shift with new ideas.

What is the best thing about training in your specialty?

It happens on the job and because industry is committed to investment in training, there is virtually no limitation on access to courses or resources to better your knowledge.

The modules provided by the Faculty of Pharmaceutical Medicine link to job roles that might be current for you or you might want to rotate to in the future. My training set me up to move from medical affairs (to do with appropriate promotion of medicines) to research and development, and I never looked back.

Are there any common misconceptions about pharmaceutical medicine?

That it's all about selling. It's not about selling at all. It's about improving the lives of patients by developing medicines to halt or reverse underlying disease and make a meaningful impact for society.

What are the highlights of working in pharmaceutical medicine?

Leading cutting-edge research and having the resources to back ground-breaking science that could bring substantial benefit to patients. I really enjoy looking after patients on a 1:1 basis, but the opportunity to benefit thousands with new medicines is unbelievable. The chance to talk science with many of the top leaders in their medical fields around the world is unreal. Before COVID-19 there was the chance to do this in person, but now their energy and passion to advance medicines shines through on Zoom and Teams meetings and fills me with energy to get through the day.

What advice would you give to someone thinking about a career in pharmaceutical medicine?

Don't be scared of jumping in at the deep end. If you work hard, can deal with change and are flexible, the world is your oyster and you can make a massive difference to patient care – portfolio careers are the norm nowadays.

How do you see your career progressing?

I'm always looking for new challenges, I can see myself leading a number of other drugs to the market and benefiting patients. I'd also hope to manage the whole therapy area team one day soon.

Can you describe a typical day?

9.30am – A typical day, pre-COVID would involve heading to the office in Gothenburg in Sweden early morning, meeting colleagues and checking my emails. I then spend time reviewing documents to be sent to regulators about clinical trials and adding to scientific papers on trials or research we have already completed.

10.30am – Fika, a Swedish tradition of cake and coffee!

11am–1pm – more review of documents and 1:1 meetings with non-US colleagues.

2pm onwards – meetings with US colleagues on global strategy for the drug projects I run, or present to the senior executive team about a particular drug's development. The day is also sprinkled with 1:1 calls or teams meetings with key experts.

If there is a major international meeting for cardiovascular, renal, liver or metabolism I often attend for 1:1 meetings and advisory board meetings, which can include some downtime to see new cities and countries!

Once or twice a month I catch the plane to Cambridge to work on the acute ward and by 5pm I would be reviewing patients!

Find out more about pharmaceutical medicine

Faculty of Pharmaceutical Medicine

Dr Ambery also recommends looking at some of the UK's major pharmaceutical companies such as AstraZeneca and GlaxoSmithKline

Royal College of Physicians

RCP specialty careers showcase

Rehabilitation medicine



Dr Javvad Haider

Consultant in rehabilitation medicine
Cardiff and Vale University Health Board

According to Dr Haider…

- **leadership**
- **patience**
- **inquisitive**

are the three top skills or attributes required for success in this specialty

Are there any common misconceptions about a career in rehabilitation medicine?

With the advent of major trauma centres and integration of rehabilitation medicine into acute services we are much more visible, and our role and skillset is clearer. But many doctors may still have limited exposure to rehabilitation medicine as a specialty and hence some misconceptions do prevail. When I first told friends I was 'going into rehabilitation' I remember the confused looks I got as people were concerned I was checking into an addiction facility!

The name of the specialty does bring up some confounding connotations with some other specialties who deal with rehabilitation eg, psychiatry or care of the elderly. Rehabilitation medicine (known as 'physiatry' or physicial medicine and rehabilitation (PMR / PM&R) internationally) is a medical specialty that deals with any complex disability, however, in the UK there are distinct patient groups we are the experts in managing. These include acquired brain injury, spinal cord injuries, amputees and disabling musculoskeletal injuries. We offer specific interventions for problems like spasticity, hemiplegic shoulder pain, sialorrhoea and residual limb hyperhidrosis.

While we do have knowledge and skills that overlap with other specialties such as neurology or sport and exercise medicine, our ability to manage the spectrum of disabling conditions has meant that our role continues to expand into new NHS developments (major trauma is an example of this).

What is the best thing about training in rehabilitation medicine?

For me this would be a toss-up between work life balance and the warm collegiate environment of rehabilitation medicine.

Most training programmes for this specialty do not mandate any out of hours commitments. The daily job as a trainee registrar is evenly paced and rarely are there emergency situations necessitating staying late. Flexible and less-than-full-time training is quite easily accommodated within rehabilitation medicine training programmes. I found that juggling childcare commitments while training in rehabilitation medicine was much easier than previous training programmes I had been on.

The specialist rehabilitation community is a small, close-knit and welcoming community. Trainees and consultants in the UK quickly get to know each other and you often find colleagues from various regions coming together to support each other. I trained in Wales but have formed close relationships with colleagues as far away as Oxford, Yorkshire and even Scotland!

We are very inclusive as a specialty and take trainees from very diverse backgrounds; you could even work alongside someone from core psychiatric or surgical training. Given the nature of our specialty we take multidisciplinary team working to another level and this is reflected in how approachable and supportive rehabilitation medicine colleagues are.

Can you describe your typical day?

I work mainly within a major trauma centre. A typical day for me starts at 8.30am with a morning huddle with all the various specialties involved with major traumatic injuries. This is followed by either inpatient reviews and ward round or major trauma centre (MTC) meetings for the patients in the MTC requiring rehabilitation medicine input (most of these will be neurotrauma patients). Mornings in my case are frequently interspersed with tea/coffee (decaf for the most part!).

Lunchbreak is the lynchpin of my day and often is an opportunity to enjoy a bite while catching up with colleagues (socially and professionally!) with perhaps more tea/coffee involved. Some days may include teaching/educational activities over lunch.

The schedule in the afternoon may include an outpatient clinic, a procedure for an inpatient, a family/patient meeting, a complex best interest meeting, governance meetings or maybe even a quiet afternoon catching up with admin or personal professional activities. An afternoon cuppa and a friendly chat with more colleagues is probably the one constant of each afternoon.

I usually will then have half an hour to check and send the last of the day's emails before saddling up for the bike ride home.

Find out more about rehabilitation medicine

British Society for Rehabilitation Medicine

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Renal medicine



Dr Emma Montgomery

Consultant nephrologist
Newcastle upon Tyne Hospitals NHS Foundation Trust

According to Dr Montgomery…

- **attention to detail**
- **team worker**
- **interested in challenging yourself**

are the three top skills or attributes required for success in this specialty

Why did you train in renal medicine?

My interest in nephrology all began when I worked as a renal SHO and got 'hooked' on the specialty. I was so impressed by how the full multidisciplinary team worked together to deal with complex patients, many of whom were acutely ill. It is the specialty where you can see it all: the very sick, the young, the old; you also have continuity with patients, get to perform procedures, can delve into research, and really put all your medical training into action by being both a specialist and a generalist. I wanted to stretch and challenge myself both clinically and academically, and nephrology just seemed the right 'fit'.

Every day is different and working with such a skilled multidisciplinary team is rewarding and fun. I am always learning something new. I get to manage acutely ill patients and those with a chronic disease requiring long-term care, and I feel that I can really get to know my patients. Being able to deliver life-saving treatments like dialysis and kidney transplantation provides a huge sense of achievement, especially when you see people feel better and improve their quality of life.

What qualifications do you have?

I completed my medical degree, then progressed through the foundation programme and later core medical training (CMT). I did 5 years' specialty training to dual accredit in renal and general internal medicine before becoming a consultant nephrologist. My main areas of interest are advanced kidney disease, haemodialysis and kidney transplantation. I also have a very active role in QI, research and medical education.

Many people take time out of training to complete an MD or PhD; however, I chose to undertake postgraduate qualifications in human genomics and solid organ transplantation part time on top of my training, rather than deviate from the specialty programme.

I took a very fast and direct route to becoming a consultant; this is probably the less common pathway, but demonstrates how renal training can be flexible with a variety of academic opportunities that are widely supported. It is also possible to dual accredit with other specialties such as intensive care.

Have you any advice for trainees interested in renal medicine?

Try it out. Unfortunately, nephrology sometimes has the reputation of being difficult and complicated; however, watching junior doctors join our team and quickly overcome those concerns as they develop their clinical skills and increase their renal knowledge is fantastic.

Joining the specialty, either on a junior doctor rotation or on a taster week, is definitely the best way to start. It has been reported that patients with kidney diseases are among the most complex of all the medical subspecialties; your training as a nephrologist teaches you to apply knowledge, skills and aptitudes to solve challenging problems, making this such an interesting specialty.

All the wonderful things about this specialty can't be put into a paragraph and the best way to experience it is to spend some time with the team – I know you will be very pleasantly surprised.

Find out more about renal medicine

UK Kidney Association

UK Kidney Association SpR Club

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Respiratory



Dr Charlotte Addy

Consultant in respiratory medicine and cystic fibrosis
Cardiff and Vale University Health Board

According to Dr Addy…

- **enthusiasm**
- **patient centredness**
- **empathy and compassion**

are the three top skills or attributes required for success in this specialty

What is the best thing about training in respiratory medicine?

Respiratory medicine training is diverse and exciting. With a mixture of acute presentations, chronic disease management and with patients aged from 16 to 100+, the training opportunities are vast. Respiratory training is patient-centred, flexible and offers the chance to develop a wide skill set across practical procedures, team working and specialist respiratory care. Respiratory teams are multidisciplinary, work across primary and secondary care and closely with colleagues in other specialties including intensive care, radiology, oncology and palliative care. There are so many opportunities to subspecialise from interventional bronchoscopy to airways disease to cystic fibrosis (CF) and lung transplant – there really is something for everyone.

Opportunities to enhance skills in leadership, management, clinical research and education are actively promoted, with many respiratory physicians having significant interests in these areas.

Whatever area of respiratory you're interested in, the team ethos, holistic focus and genuine enthusiasm for the specialty make working in respiratory an enjoyable experience. I've had the pleasure to work in England, Wales and Northern Ireland and respiratory teams remain truly team orientated across the UK and beyond…

What qualifications and experience do you have?

A medical degree, a PhD, postgraduate diploma in palliative medicine and a postgraduate certificate in clinical education.

Having completed my undergraduate training in Nottingham, I moved to the south west and did my junior rotations around Somerset and Bristol. Having developed an interest in cystic fibrosis (CF), I completed a clinical CF fellowship in Bristol and attained my CCT.

I then moved to Belfast to undertake a research fellowship and PhD also studying CF. After working as a clinical academic for a little while I returned to south Wales for my current NHS consultant post.

What advice would you give to someone seeking a career in respiratory medicine?

Talk to your local respiratory team, we love to welcome new trainees to the specialty. We will actively support and encourage you in pursuing a respiratory career. We already have a wide bank of web-based resources to help those considering respiratory medicine, and an annual respiratory medicine course to help you with your first steps.

Can you describe a typical day?

There is no such thing as a typical day in respiratory medicine! You could spend the morning on a ward round or in clinic, the afternoon out in the community or doing a bronchoscopy list. There will probably be a multidisciplinary team and a radiology meeting somewhere in your week, as well as teaching, research, leadership or management-related activities.

Are there any common misconceptions about respiratory medicine?

Many people think respiratory medicine is all about cough and sputum. While these symptoms are common presentations, respiratory care is all about the people. The patients, the multidisciplinary teams and taking a holistic approach to doing our best for the people we care for. There are also increasing opportunities for interventional procedures including bronchoscopy and pleural procedures which many forget are integral to respiratory care.

Find out more about respiratory medicine

British Thoracic Society (BTS)

BTS: trainees' area

Respiratory Futures

Joint Royal Colleges of Physicians Training Board

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Rheumatology



Dr Pippa Watson

Consultant in rheumatology
Manchester University NHS Foundation Trust

According to Dr Watson…

- **enjoy talking to patients**
- **enjoy problem solving**
- **good team player**

are the three top skills or attributes required for success in this specialty

What are the highlights of specialising in rheumatology?

I found rheumatology fascinating at medical school. I also noticed that the rheumatology consultants I met were friendly, hard-working and enjoyed their jobs. When I gave rheumatology a try at internal medicine training level (senior house officer in my day) for the first time, I realised that these were common attributes among colleagues.

Building long-term relationships with patients has been a huge positive in my career. Many rheumatology patients have lifelong conditions, which gives us an opportunity to get to know them really well.

Our specialty has made huge advances in the way we treat patients, both in terms of how we use treatments (eg treating early and using combination therapy), and with new targeted medication such as biologic therapies. This has had a huge impact on patient care. Many therapies we can access are truly life-changing for patients, which is wonderful. There are lots of opportunities for clinical research to evaluate new medications.

We work as part of a huge multidisciplinary team including specialist nurses, physiotherapists, pharmacists, occupational therapists and podiatrists. There is a great team spirit, which is fun and great for our patients.

Can you describe your typical day?

As rheumatologists, we spend a fair bit of time in outpatients. Most job plans include a mixture of general and specialty clinics. My specialty clinics include an early inflammatory arthritis clinic where I work closely with a specialist nurse and physiotherapist, and a rheumatology/interstitial lung disease clinic which I do alongside a respiratory colleague. Other multispecialty clinics are common, such as vasculitis or connective tissue disease clinics. Many departments are active in clinical research and run research clinics. For anyone who is practically minded, ultrasound is a skill that colleagues are increasingly acquiring, and joint injections are an instant way to help patients.

As well as clinics, we see inpatient referrals all over the hospital, which are challenging and interesting. This leads to working with many different inpatient teams. We also run day units where patients attend for infusions, such as biologic medication and bisphosphonates.

There are lots of multidisciplinary meetings, including departmental education meetings and radiology meetings. It's great to learn from colleagues.

Many rheumatology consultants are interested in education. Teaching students and postgraduate trainees is a really important and rewarding part of our job, and rheumatologists often end up in leadership roles in this area.

Have you any advice for trainees interested in rheumatology?

If you are interested in a career in rheumatology, get as much experience as you can. This will help you check that it's the right specialty for you and help build your CV for applications. Commitment to specialty and enthusiasm are really important when it comes to selection of future trainees.

The steps towards a career in rheumatology are dictated by your career stage. If you are a medical student, consider choosing a student-selected component in rheumatology. As a junior doctor, select rheumatology rotations, or if you can't find one approach your local rheumatologist and ask to sit in on some clinics and if they have any projects that you can help with. Pick a rheumatology-related topic for an audit or quality improvement project – even if you are working in general medicine, there are lots of relevant topics you could choose.

Take every opportunity that comes your way, including attending taster days and, where possible, submitting abstracts to conferences and attending them. Organisations such as the British Society for Rheumatology (BSR) offer discounted conference fees for students and trainees, and various bursaries. Attending a conference is a great way to network and find out more about the specialty and how to get involved.

Find out more about rheumatology

British Society for Rheumatology – have lots of information on their website, including how to participate in training days

Versus Arthritis – is a great source of information for patients and includes lots of resources for healthcare professionals

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SAS careers



Dr Krystyna Darasz

Associate specialist cardiologist,
Royal Surrey NHS Foundation Trust

According to Dr Darasz…

- **determination and hard work**
- **absence of a chip on your shoulder**
- **and the same qualities that make up any good physician!**

are the three top attributes required for success in this specialty

Why did you decide to become an SAS doctor?

I didn't really! It honestly just kind of happened.

I had gone partway through a conventional training pathway in cardiology, had completed research for my MD thesis, and set about looking for a senior registrar job en-route to a consultant cardiologist post, or so I thought. Bear in mind, this was well before the days of numbered deanery-based training posts, and it was a bit of a free-for-all. After numerous attempts, I failed to find success at anything even vaguely within geographical reach of my future husband, and applications stalled. One of my MD supervisors was a consultant cardiologist at a district general hospital and was 'between' echocardiographers, so suggested I might want to come and run his echo service for a while, solo. This was the unwitting first, stumbling step into imaging as a non-GP clinical assistant in cardiology, which led to a very happy SAS career culminating in an NHS associate specialist position 30+ years later.

I loved everything about that first job! Apart from learning a lot more echocardiography and building on previous imaging experience, I was able to work part time (tricky then) and managed to keep a medical career going when marriage and children came along.

So, I didn't actually 'decide' to become an SAS doctor – it just happened – but it turned out to be absolutely right for me. I learned that you could try to 'create' a career if you had the relevant skills, rather than passively wait for the right job to come along – the rudimentary beginnings of the concept of a 'portfolio' medical career, I guess.

Can you describe your typical day?

Perhaps a typical week would be more helpful in my case … since the COVID-19 pandemic I have spent some of the week working from home. I use imaging software to create and issue cardiac MRI reports and get great satisfaction from immersing myself in the imaging. As well as the remote side of MRI, I supervise a cardiac MRI list at the hospital where patients go for stress testing and those with more complex conditions are seen.

Another of my roles revolves around good multidisciplinary team (MDT) meetings involving cardiac physicians and surgeons. Every working week will involve either preparing the clinical component and critically assessed imaging for these MDTs or producing and delivering the material for participants joining from a variety of remote locations and in person. It's always amazing to witness the coming together of a variety of skills in these meetings and the metamorphosis into a life-changing decision for the patient. I also preside over and prepare a weekly MDT in cardiac MRI, which exercises my audit and educational skills. If I'm not leading the MDT, I can be found attending and contributing to others.

I also still enjoy the practical and clinical challenges of echocardiography all these years later, and view each weekly echo 'list' as a mini outpatient clinic to enjoy!

In my new role as a trust appraiser, I am involved most weeks in either preparing for, or conducting, a medical appraisal. This is a wonderful thing and I am enjoying the opportunity to talk to other doctors. Because I am SAS, I often get to appraise other SAS and consultants, giving valuable perspectives on how others approach medicine.

Are there any common misconceptions about a career as an SAS doctor?

Yes! The worst is the idea that the SAS grade is full of second-rate doctors who are not good enough to find a job as a consultant, or who are just in some sort of giant medical car park waiting for the right consultant job to come along. Not a bit of it! The SAS doctors I meet are, on the whole, there because they want to be, rather than because they have run out of other options. They are highly qualified and experienced. They are a stable group who do not rotate from post to post, but provide continuity and the opportunity for real service development within their organisation. I hope most feel job satisfaction and have had a hand in shaping their job plan. Many have high-level clinical and management roles within trusts (as in mine). Don't get me wrong – some will indeed be waiting for a much-anticipated job to come along, or are trying to convert their experience into a CCST via the CESR route, and that's fantastic too. But this is not the be all and end all of the SAS grade.

Of course, you need to be a realist. You can't do whatever you want and ignore service needs. But I have found managers are often amenable to a bit of negotiation to achieve a win-win: a balance between what they need and what you want. Now that's something to turn to mutual advantage …

Find out more

An overview of the role of SAS doctors

Royal College of Physicians

RCP specialty careers showcase

Sport and exercise medicine



Dr Wing Chu

Consultant in sport and exercise medicine
NHS Bromley Musculoskeletal Services and Physio

According to Dr Chu…

- **proactive**
- **committed**
- **friendly**

are the three top skills or attributes required for success in this specialty

What are the highlights of sport and exercise medicine?

Sport and exercise medicine (SEM) is a very diverse specialty. It is a small but growing specialism and very friendly. Nearly everyone will know each other personally or through work.

Consultants usually work in secondary care or the military and are based in outpatient clinics. Consultants can also be found dealing with soft tissue injuries in accident and emergency departments. Others enjoy performing diagnostic scanning and injections in radiology or are providing physical activity and exercise medicine services in conjunction with other specialties. Finally, others work in elite sport or in the private sector. There is a role for every interest in sport and exercise medicine!

Consultants work closely with other specialties and allied health professionals – this includes physiotherapists, orthopaedic surgeons, rheumatologists, radiologists and podiatrists, to name but a few. This allows us to provide integrated and holistic care for our patients.

Are there any misconceptions about this specialty?

Although the name of the specialty begins with the word ‘sport’, we do not just treat elite athletes and sporting individuals. As a specialty, we promote better health for the public through excellence in musculoskeletal medicine, exercise medicine and team care. The majority of consultants will be found working in musculoskeletal clinics, seeing a broad range of individuals and conditions rather than just treating elite athletes at a club or pitchside. There is a lot of flexibility with a career in SEM, allowing less-than-full-time roles and a work–life balance.

What advice would you give to someone seeking a career in sport and exercise medicine?

SEM is a competitive specialty with typically only 12 training programme numbers available per year, with posts only available in England. This can appear daunting, but the specialty training programme is hugely rewarding and those with a passion for the specialty should not be put off from applying.

It is important to plan ahead and to seek out SEM consultants early on for careers advice. It is not all about attending sports events and arranging team placements. Although an interest in sport is one starting point, you will obtain a much better view of the specialty through placements with SEM departments and community musculoskeletal clinics, for example. There are usually plenty of opportunities to get involved in research and clinical governance projects – why not ask a friendly consultant if they need assistance.

All the above will make your CV stand out and show that you understand what the specialty is really about.

Can you describe your typical day?

Part of the appeal of the specialty is the varied career options that are available. Most consultants have a portfolio career and usually no two days are the same!

I work as a consultant across the NHS, the private sector and in elite sport, dividing my week between all three. My NHS community musculoskeletal service role is part clinical and part medical management, which I find particularly rewarding. I work closely with the extended-scope physiotherapists and first-contact practitioners within the team, providing a specialist review for complex patients and those who need interventions. In clinic I see conditions ranging from osteoarthritis through to soft tissue injuries, tendinopathies and overuse injuries and I provide diagnostic ultrasound imaging and guided injections. When not in clinic, I work in elite football with a Premier League team and for the Football Association.

I enjoy having the variety during the week between being clinic based and then pitchside, seeing a variety of patients with acute and chronic conditions.

Find out more about sport and exercise medicine

Faculty of Sport and Exercise Medicine UK

British Association of Sport and Exercise Medicine

Joint Royal Colleges of Physicians Training Board

Royal College of Physicians

RCP specialty careers showcase

Stroke medicine



Dr Zehra Mehdi

Consultant in stroke, elderly care and general internal medicine, Hampshire Healthcare NHS Foundation Trust

According to Dr Mehdi…

- **holistic**
- **decisive but with attention to detail**
- **team player**

are the three top skills or attributes required for success in this specialty

Why did you train in stroke medicine?

I trained in stroke medicine as it is a diverse, dynamic and exciting specialty. The specialty has dramatically changed since I graduated in 2004, and there are now ever-evolving evidence-based treatments available at the front door, which can save a patient from a lifetime of disability. After the front door, patients begin a journey of rehabilitation on the stroke unit and being part of that journey is a privilege.

Multidisciplinary team working is the pinnacle of stroke medicine, and there are very few specialties in which such close relationships with allied health professionals and nursing colleagues, as well as radiology and emergency medicine colleagues, are imperative to patient outcomes. Planning the patient's journey after hospital is also a key element of the specialty, and good knowledge of ethical and legal principles in medicine is essential, as well as good communication skills with family members.

Patients who have a stroke usually have several other medical problems and can experience serious post-stroke complications. There is a lot of general medicine involved, and diagnostic conundrums in patients with atypical presentations, which keeps things interesting.

Stroke can affect people of all ages and there is therefore a great amount of diversity in the patients we see.

What are the highlights of working in your specialty?

Stroke medicine encompasses emergency care, acute medicine, general and rehabilitation medicine, outpatient work, and community care. Being part of this entire patient journey from the front door to the patient's home is extremely satisfying.

Another highlight is the collaborative team working involved with various colleagues such as pre-hospital, emergency and radiology teams. Working as part of the stroke multidisciplinary team and interacting with colleagues on various aspects of the patient's care is not only rewarding but allows constant sharing of practice and learning.

Lastly, stroke medicine is evolving, and various new evidence-based treatments and technologies to improve patient care are being developed. The specialty is one that would be attractive to anyone with an interest in research and academia.

What qualifications and experience do you have?

I trained in geriatric and general internal medicine. During my training I chose to pursue a stroke specialty year. This involved spending time on the hyper acute stroke unit, on the stroke rehab ward, and in the community with the early supportive discharge team. I covered the stroke pager in the day and out of hours including all thrombolysis and thrombectomy calls. I spent time in the transient ischaemic attack and stroke follow-up clinics as well as the spasticity clinic.

I also spent 2 years working in South Africa with stroke patients, and helped to set up a regional stroke unit, which was a very rewarding experience.

Find out more about stroke medicine

British Association of Stroke Physicians

Joint Royal Colleges of Physicians Training Board

It's not too late to access the RCP specialty careers showcase talks and resources

> **Really good opportunity to explore the career decisions and mindsets of senior physicians as we don't often get time to discuss this on the wards'**

> **Wonderful choice of speakers who had variety of backgrounds'**

With over 20 talks from 37 speakers available on demand until 1 March 2022, we hope the virtual RCP specialty careers showcase will enable those embarking on a career in medicine to explore and understand the variety of pathways available to them.

Not only can you hear from those working across 18 specialties, including cardiology, palliative medicine, genitourinary medicine and more, you can also take the opportunity to listen to inspiring physicians within our community discuss their career choices, including Dr Andrew Goddard, RCP president; Dr Fiona Godlee, editor-in-chief of the *British Medical Journal* and Dr Raunak Singh, RCP chief registrar alumnus.

Book now

Thursday 14 July 2022

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https://rcpconferences.co.uk/specialty-careers-showcase

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