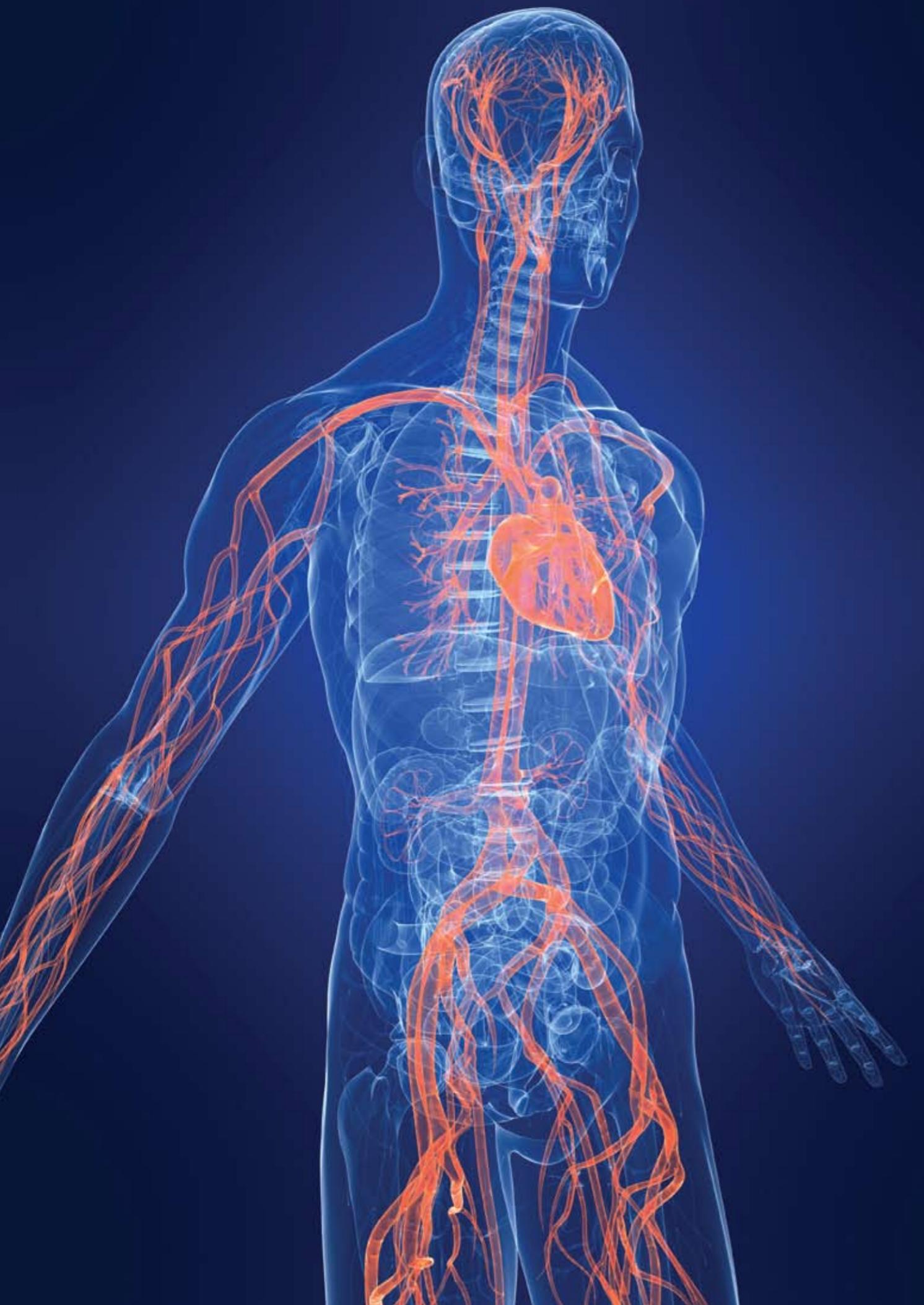




Get career savvy



A guide to your career after medical school



... Contents

- 3 Foreword by Professor Jenny Higham
- 4 Editor's Introduction to *GSC*
- 5 *GCS* Editorial team
- 6 Years one and two — Taking your first steps
- 7 Planning your career
- 9 Electives
- 10 An introduction to UKFPO
- 11 Volunteering abroad
- 13 Flexible Training
- 15 The staff/Associate Specialist Grade

Medicine

- 17 Acute Internal Medicine
- 18 Cardiology
- 19 Care of the Elderly
- 20 Dermatology
- 21 Endocrine Medicine
- 22 Gastroenterology
- 23 Infectious Diseases
- 25 Neurology
- 26 Oncology
- 27 Renal Medicine
- 28 Respiratory Medicine
- 29 Rheumatology

Surgery

- 31 General Surgery
- 32 Cardiothoracic Surgery
- 33 Ear, Nose and Throat (ENT)
- 34 Gastrointestinal Surgery
- 35 Neurosurgery
- 37 Oral and Maxillofacial Surgery
- 38 Plastic Surgery
- 39 Trauma and Orthopaedics
- 40 Urology
- 41 Vascular Surgery

Specialities

- 43 Academic Medicine
- 44 Anaesthetics and Critical Care
- 45 Emergency Medicine
- 46 Epidemiology and Public Health
- 47 General Practice
- 49 Obstetrics and Gynaecology
- 51 Other specialities: Expedition Medicine, Ophthalmology and Sports Medicine
- 53 Paediatrics
- 55 Pathology
- 57 Psychiatry
- 58 Radiology
- 59 *GSC* contacts
- 61 Other contacts and websites



It gives me great pleasure to write this foreword for the ICSM careers booklet, *Get Career Savvy*. It has been a passion of Najette Ayadi O'Donnell's to get it off the ground and I am absolutely certain of the need for it.

It has always struck me when chatting to medical students in a variety of situations, that although they are always asked what they want to pursue as a speciality in the future they often have relatively little good information to help them make that choice.

Professor Jenny Higham
Director of Education
Faculty of Medicine
Imperial College London

We do know that many careers choices are made on the basis of things that they would prefer not to do rather than actively pursuing a passion. There is also a wealth of opportunity that people have never considered due to their lack of exposure. Thus, this booklet that draws together those ideas, will be invaluable.

I hope you enjoy using it.

Best wishes for the future.



Najette Ayadi O'Donnell
Editor, GCS
ICSMSU Vice President –
Alumni and Careers (2008/09)
Sixth Year ICSM
Email: na704@imperial.ac.uk

Welcome to *Get Career Savvy (GCS)*!

With support by the Faculty of Medicine, this Imperial College School of Medicine Student Union guide comes at the end of months of hard work. The editorial and subeditorial team have been working hard writing, interviewing and getting an idea of what type of career options are out there for medical students. It turns out we are in for a treat. Medicine is really like ice cream. There's a flavour for everybody!

GCS is aimed to act as a guide and a guide only. We know how difficult it can be deciding what to do after you leave medical school and life after graduation can appear quite daunting. This guide is here to help you along a little bit. With that said, the most important thing is to work hard and enjoy medical school!

Unfortunately, we can't put everything a speciality has to offer all on one page but we have certainly tried. Each page explains what the specialities involve, what exams you can be expected to complete and what type of personality it may suit. Importantly, each page has an interview from a doctor who has specialised in that particular field. We felt it far better coming straight from the horse's mouth.

We also felt it was important to have the contact details of doctors so that you, our readers, would be able to contact them directly. Our contacts range from Specialist Registrars to Professors in the field. Please use them to gain as much information on your future career choices as possible whilst you are still at medical school.

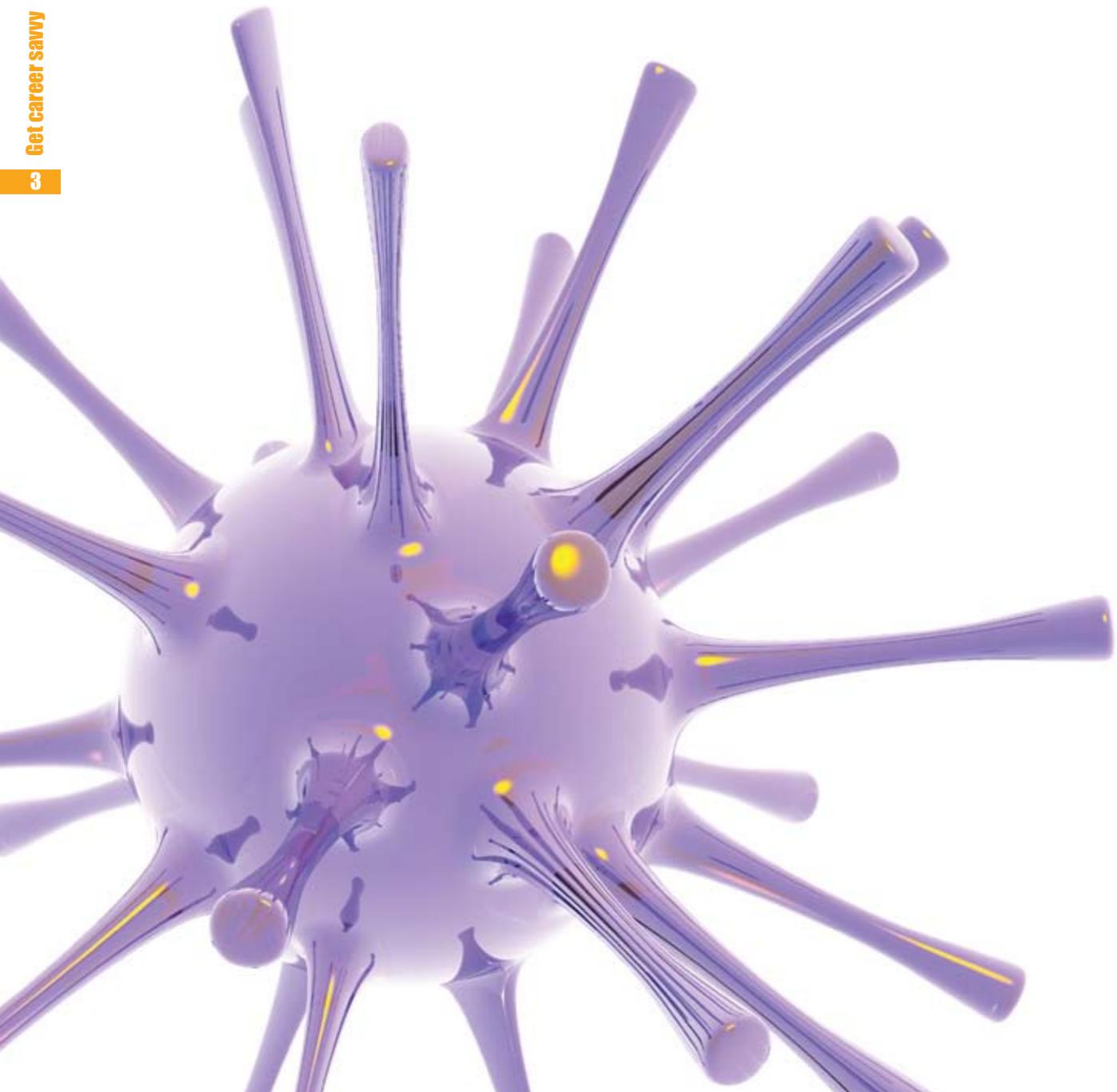
GCS is aimed at all at medical school and there is something for every year. We have included feature articles on different aspects of a medical career from volunteering abroad to flexible training.

Personally, as this is our first edition, I would love to know what you think of *GCS*. Are there any additional specialities you would like to see covered? Would you like to get involved? Please email me, as I would love to hear from you.

I'd like to thank my team for their relentless hard work and for putting up with my ever increasing emails! I'd also like to thank members of the faculty and student union, specifically Professor Jenny Higham, Susan English, Mark Chamberlain and Anil Chopra for their support in getting this guide off the ground.

For now, it is my pleasure as editor to introduce you to *GCS*.

Enjoy!



... GCS Editorial team



Rachel D'Oliveiro is in year six at ICSM and wants to be a Consultant physician when she grows up. When she's not reading up on anything medical, she can be found singing, listening to or playing music.



Batul Kaj is a final year at ICSM and desperately wants to be a Paediatrician when she grows up. If she wasn't studying medicine, Batul would probably be a pop singer or look after Orang-utans'. She prides herself on having a passion for Arsenal.



Elizabeth Keeling is in her final year and is a budding Paediatrician. She loves adventure and anything to do with the outdoors, be it hiking, diving or rafting. Her claim to fame is that she starred in a Bollywood exercise machine commercial during her gap year in 2004.



Jennifer Van Griethuysen is another final year working on GCS. If she didn't hadn't got into medical school, Jenny would probably have been a scientist or a teacher. Jenny considers ice cream to be the best food in the world and wants to be happy when she grows up.



Alex Walls is in his fifth year and thinks being a GP when he grows up would be fairly cushy. He is fascinated by aeroplanes as would have been a pilot if he hadn't come to medical school. Alex is super cool and has a Blue Peter badge!

GCS Subeditors



Victoria Adewole



Akin Nihat



Zena Shukur



Imran Umrani



Jamie Willson



Nekisa Zakeri

GCS would also like to thank

Jocelyn Aldridge, Nadia Ayadi, Mark Chamberlain, Anil Chopra, Helen Davison, Susan English, Professor Jenny Higham, Dr Sara Khan, Dr Matt Mak, Frances McEwen, Claire Rees and Sebastian Thomas.

... Years one and two — Taking your first steps

It was not long ago that you faced the daunting task of medical school interviews. Remember that dreaded question "Why do you want to be a doctor?" No matter how many times you rehearsed your answer, somehow it still didn't sound spontaneous! But thankfully those days are behind you. You've passed the first hurdle and are well on your way to 'helping people'. So what lies ahead for you innocent newbie's?

Regardless of how hard you try to dodge the rumours, the UKFPO applications remain a hard-faced fact. But do not worry; you are now in the perfect position to prepare yourself. With a good few years to go, you have the luxury of time to make yourself stand out, so that when your application time finally arrives you can sit back and relax while your fellow students scramble around frantically in a last minute panic.

So what can you do to get started?

JOIN CLUBS AND SOCIETIES: Medicine is tough but that's no reason to deprive yourself of all other aspects of life; being an active member of the medical school community will not only be enjoyable for you, it will also show that you have interests outside of medicine and can manage your time effectively. So play sport, get involved in the student union, write for the student newspaper, join the opera or orchestra — whatever takes your fancy. If nothing appeals to you, why not set up your own society? (But a word of warning: do things that you are interested in, rather than just for your CV — there are so many opportunities out there, there's really no point doing something that you don't enjoy).

ATTEND TALKS AND CONFERENCES: Look out for interesting talks organised by the medical school and the Royal Society of Medicine. These can be found on their websites: check out the ICSM Student Union Careers section on 'Talks and Events' and www.roysocmed.ac.uk. The Royal College of Physicians and Surgeons also have more to offer medical students than just freebies, as they provide lectures, training courses and conferences in a range of subject areas.

VOLUNTEER: Get involved in activities run by your local community or even volunteer abroad. Imperial have their own volunteering service or you can take part in schemes like ICAB (Imperial College aid to Balkans) and Pimlico (helping out in local schools). Volunteering is not only very fulfilling, it is also a fun way to gain new experiences and build upon your skills-base.

TUTOR YOUR FELLOW STUDENTS: Year two students might consider organising revision sessions for first year students — believe me it will be much appreciated and is a good way for you to get to know students from other years as well as consolidating your knowledge!

AUDITS/UROP SCHEME: Try getting involved in research — it's never too early to start and it shows that you are keen! Ask your lecturers, tutors or any other doctors that you happen to come across if there are any opportunities available. The UROP scheme on the Imperial website has a list of research projects available for undergraduate students; have a look to see if anything interests you.

KEEP A PORTFOLIO: It is really important to start keeping a record of any certificates that you've gained and any activities that you've taken part in (make sure you note down dates!). This will make things a lot easier for your applications when you have to write down examples of things that you've done.

So those are some suggestions for you. There really are lots of opportunities available if you just put in a bit of effort and keep persisting, so get stuck in and make the most of the time that's left. Good luck!

Planning your career

The timeline has been developed to help you think about planning your career as you progress through your course. The questions are designed to prompt your thinking about the career options available and help you make decisions about the next step. As with any plan, you need to remain flexible and make sure that you have up to date information to inform your choices.

Areas to think about as you progress through each stage of the course	
Year 1	Reflect on what will be important to me in my career Start to explore some career options or examining existing ideas in more depth
Year 2	Begin to think about how to identify and utilise the 'evidence' gained through my course and other activities to support career plans and professional and personal development
Year 3	Use clinical attachments from this year onwards to explore my main career options Develop and refine my career plans through reflection on these experiences
Year 4 (BSc)	Identify and evaluate my learning from the BSc in relation to future career plans
Year 5	Evaluate my career plans to date and determine what I need to do next Find out about Foundation School and the alternatives Continue to build up my portfolio of experience. Be ready to draw on them in preparing to apply to Foundation School Consider my choice of electives as these may be important for career choice
Year 6	Applying to Foundation School Reflecting on and planning for Foundation School experience Continue to contribute to my portfolio and think about how I can use these experiences when completing the application form for Foundation School

Key questions to ask yourself	
Year 1	What are my career options? How realistic are my expectations? What do I need to find out about possible career routes? What are my strengths and areas for development?
Year 2	What further information do I need about career options? Are my expectations realistic about future career goals? What do I need to do next to research future options and gain relevant experience?
Year 3	What have I learnt about myself — strengths, areas for development etc? What have I discovered about career options? What else do I need to find out? Do I need to revise my career plans for any reason?
Year 4	What have I learnt about academic medicine? Am I considering it as a career option? What further information might I need about a career in academic medicine and how to prepare for it?
Year 5	How much do I know about the application to Foundation School? Which Foundation Schools do I want to apply to? How prepared am I for making applications?
Year 6	What more do I need to find out about the career paths and opportunities in the specialities in which I am interested? What factors might influence where I want to work e.g. geographical location? How might these determine my career choices? Do I need to refine my current career ideas?

Career development activities — suggestions of things to do and events to attend to help you plan your career	
Year 1–year 6	Keep a portfolio throughout your time at Imperial Build up a record of your achievements from your first year onwards — you can use it as valuable source of evidence when writing job, elective or grant applications
	Explore on-line medical career resources Find out about specialities, training and life as a doctor by looking at on-line resources including the NHS Medical Careers website (www.medicalcareers.nhs.uk) and the Royal College websites: (www.aomrc.org.uk/links.htm links to all the colleges). Other useful website include the British Medical Association (www.bma.org.uk), the British Medical Journal Careers (www.bmjcancers.com) and Modernising Medical Careers (www mmc.nhs.uk)
	Attend careers events and talks The Faculty of Medicine and the Imperial College Medical Students Union organise a range of careers events including the Medical Careers Fair in the Spring term, an opportunity to meet with representatives from a range of specialities. Other talks and activities cover a spread of topics including applying for Foundation School, different specialties, a career in academic medicine and women in medicine
	Discussions with your Personal Tutor Even in the early stages of your degree course, talk to your tutor about your personal career expectations and objectives. Starting to explore the speciality options well before the end of the course and discussing your ideas and applications with your tutor can be very helpful
	The Careers Advisory Service You can make an appointment for one-to-one advice and guidance on any aspect of career planning and exploring the options open to you both within and outside medicine. For more details see www.imperial.ac.uk/careers

Based on a document produced by e-learning at Queen Mary London. Adapted from a version developed at Barts and the London School of Medicine and Dentistry. This version © Imperial College London Careers Advisory Service.

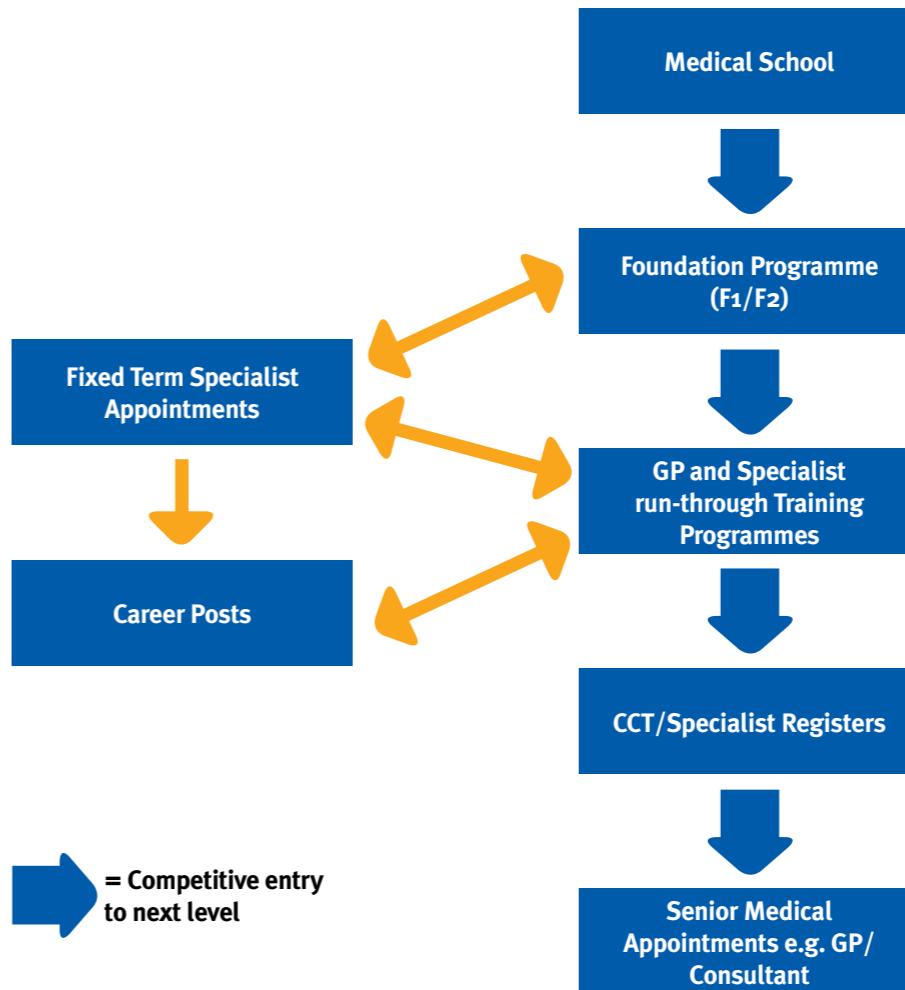


Diagram courtesy of Royal College of Obstetricians and Gynaecologists.

Electives

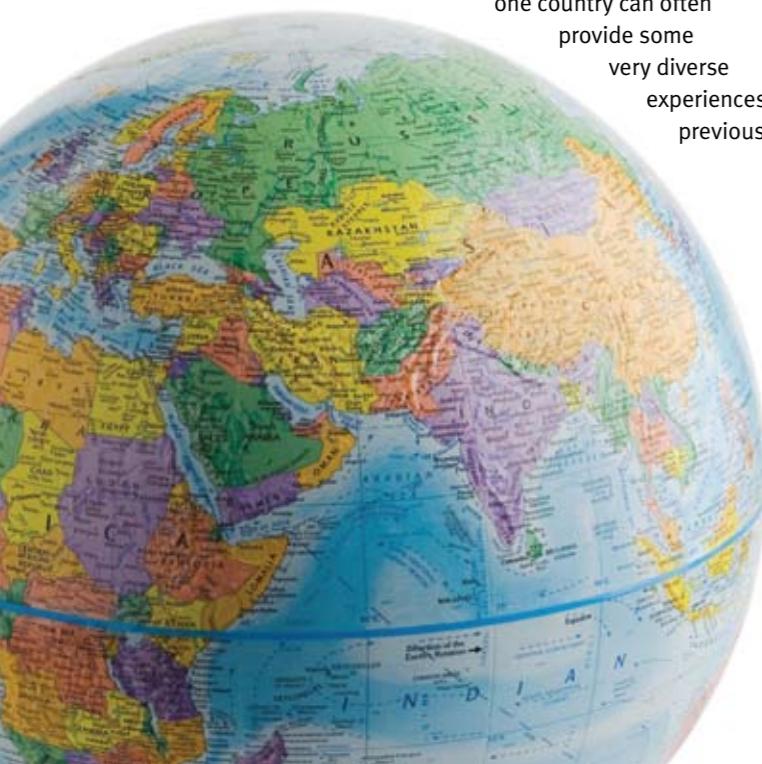
Many students look back at their elective as the highlight of their time at medical school; after all it's one of the few times you have free reign to go wherever and do whatever you want!

With the world as your oyster, choosing what to do can be tough, however a good starting point is to decide whether you'd like to go to a developing or developed country.

The developing world allows students to get stuck in and be actively involved in the diagnosis and management of patients, as well as the opportunity to get your hands dirty and carry out a variety of procedures. In addition, you will have a fantastic opportunity to immerse yourself in another culture and explore a very different part of the world. Most students return with anecdotes about their trip that will stay with them for life. One remarked, "On my first ward round, I flicked through my Oxford Handbook for the 'bed sign'. I later found out this was a way of predicting whether a patient could afford drugs by whether or not they could afford bedding – unsurprisingly the sign wasn't in the book!".

Alternatively, an elective in a developed country provides a unique insight into another advanced healthcare system. Patient care usually bears greater resemblance to that of our healthcare system, giving the advantage that procedures and protocols may be more relevant to finals and your future career. This sentiment was supported by an eminent London dermatologist who attributed his initial career success to learning an exclusive laser technique while on elective in America.

For those of you who can't decide between the developing and developed world there is normally the option of splitting your time between the two. For example, why not combine a visit to Australia or New Zealand with some of the surrounding, much poorer, South Pacific Islands. Similarly, one country can often provide some very diverse experiences; previous



students in Australia have enjoyed the fast paced medicine in the large cities, but equally been enlightened by some time spent in the Northern territories.

While many travel abroad on elective, plenty of students have relished their time in the UK as they go behind the scenes and have experiences not available to the average medical student. One such student spent his time working in a London air ambulance and wrote passionately of his efforts to manage a patient's airway in a confined space inside a helicopter above the London skies. Another had a career in psychiatry confirmed by the fascinating patients in Broadmoor, Britain's highest security prison.

Wherever you decide to go, it is important to start planning early to ensure you make the most of this wonderful opportunity. The preparation involved is very variable, with many of the competitive electives, such as trauma surgery in South Africa booking out years in advance. Conversely, elective courses such as those offered at Harvard will only accept applications six months in advance.

If you organise an elective independently in a developing country, bear in mind that your contacts may have limited internet access, so keep an open mind and email a few different hospitals to maximise your chances. There are some organisations that will arrange everything for you, but this comes at a cost both financially and by losing your autonomy.

Electives can be expensive so it is wise to think about your budget before you accept placements. ICSM do give out elective awards to those who may be struggling financially (hardship awards) or for students who have contributed to the life of the medical school (St Mary's Association awards, for example). You will be notified by the UMO on when to apply for these awards, so keep your eyes peeled. Another idea is to research the different elective bursaries that are on offer but these are handed out competitively and nationally. A good starting point is the British Medical Association's elective resource page, which alphabetically lists the awards available. Expect the grant applications to be lengthy and awards to be few and far between, so start saving early if you think you might struggle.

Lastly, this is an incredible opportunity, so get excited, get planning and enjoy it!

Useful websites:

Foreign Office
www.fco.gov.uk

Imperial College School of Medicine Intranet
<https://education.med.ic.ac.uk/Electives>

BMA Elective Directory
www.bma.org.uk

An introduction to UKFPO

The UK Foundation Programme Office (UKFPO) is the organisation that oversees the Foundation Training application process, aka F1 and F2 jobs. Wherever you are placed for these two years, you will gain the basic clinical and professional skills needed to go into any of the different specialities.

The application process

As a graduate from a UK medical school you are guaranteed an F1 post by the UKFPO and therefore automatically eligible to apply to the Foundation Programme. There is a national online application process via the UKFPO website where you will also find details about the application process and Foundation Programme, as well as other useful bits of information.

The application process occurs annually in two stages: initial application to foundation schools between September and October; followed by application for specific foundation programmes in your allocated school in January.

The application form

Currently, a maximum score of 100 is available for the application, which consists of two components: your academic ranking (max score 40) and the answers to questions on the online application form (max score 60).

Your medical school determines your quartile ranking. The top quartile of your year gets 40 points; the second gets 38; the third 36; and the fourth 34. The school will let you know what quartile you are. Points are also available for other academic achievements such as a BSc, prizes and publications on the second part of the form.

The questions on the application form change each year but in general they are designed to assess whether you have the attributes needed to be a good foundation doctor. The number of points available and word limit for each question will vary. Your answers are marked horizontally using a standardised scoring system by a panel containing at least one clinician. One panel marks the first questions, while another will mark the second questions etc. This is called horizontal marking and the scorers will not know whose answers they are marking.

You will also be required to provide two referees who are happy to support your application. Full details of suitable referees can be found on the UKFPO website. Remember, referees are only contacted as part of pre-employment checks once you have been offered a job and are not included in the application scoring process.

How do preferences work when it comes to allocating foundation schools?

You will be required to rank all foundation schools in order of preference when applying. The system aims to allocate applicants to their first choice foundation school until the places at that school are full. Each year, the majority of medical students across the country attain their first choice.

Inevitably, some schools are oversubscribed, and applicants not allocated to their first preference foundation school will then be considered in score order and placed in their highest ranking school at which places remain available. For example, if all your top four choices are oversubscribed, the next school with vacancies may be your fifth choice.

Competition ratios for the last two years are available online but the popularity of foundation schools fluctuates so don't assume the trends will remain the same for your year!

So you have been allocated to a foundation school, what happens next?

The next stage is to rank the foundation programmes available at your foundation school in order of preference. Placements vary, however, all of them provide the experience necessary to progress to the next level of training. If programmes are oversubscribed, allocation will again be according to application scores.

F2 allocations vary between foundation schools. Some offer two-year programmes so that you select F1 and F2 jobs at the same time, while others only allocate F2 posts 6-8 months into your F1 post through a second round of applications.

What happens if I don't want the programme I am offered?

In the course of one application cycle you can only be allocated to one foundation school and one programme. If you wish to decline your offer you will have to withdraw from the whole process altogether and will not be able to start the foundation programme that year.

Linking application forms

Linked applications allow two people to stay in the same foundation school. To do this both applicants must state they want to link applications on their forms and rank the foundation schools in the same order of preference. The two forms are marked separately, however allocation to foundation schools is based on the lower of the two scores.

For further information, visit
www.foundationprogramme.nhs.uk

Volunteering abroad

The Elective is a long awaited part of medical school training with many students choosing to study abroad. For those in the upper years of medical school, with the elective period drawing ever closer, it is worth considering what opportunities there are for travel and overseas work beyond graduation. VSO (Volunteer Services Overseas) provides one such opportunity. So all travel and tropical medicine enthusiasts, listen up!



VSO is an international development charity which aims to: "promote volunteering to fight global poverty and disadvantage." VSO recruits volunteers with a range of professional skills from teachers and engineers to IT professionals and doctors. Volunteers are sent to 34 different countries throughout Africa and Asia from Cambodia, Malawi, Zambia to Uganda, and the list goes on!

So when can I go, I hear you ask? Doctors can volunteer with VSO at any stage in their career from ST2-3 onwards and many even do so during their retirement. Physicians, surgeons with broad experience, Paediatricians, Obstetricians and GPs are all in high demand. Typically doctors spend between 12-24 months abroad although there are a limited number of shorter volunteer opportunities. Volunteers often work in rural settings and play an important role in developing the knowledge and skills of local staff and improving protocols. This ensures that the work done is sustainable and the benefit continues long after you have returned home.

Working for VSO, or certainly working abroad, is something which excites many of us, but how does one turn this dream into a reality? Trainees wanting to work for VSO should apply to their local deanery for permission to take time out of their training programme. Once this is granted details are sent to the appropriate Royal College to allow an amendment to the CCT or other qualification date. It is advisable to start planning, obtaining advice from your deanery and speaking to your educational supervisor about your intentions to volunteer, way ahead of time. Unfortunately, VSO work rarely counts towards CCT training as the PMETB (Postgraduate Medical Education Training Board) is unable to guarantee the quality of training you will receive abroad.



Since the introduction of MMC, many Doctors are naturally anxious about the effect that taking time out will have upon their career. However, this is unfounded as both the Tooke and Crisp (report on global health partnerships) reports have recognised the value of taking time out of training for overseas work. The government has also risen to the challenge and has committed to providing continuing pension support for NHS staff working abroad for VSO.

VSO is a fantastic opportunity to immerse oneself in a different culture, face new challenges, and learn new skills and to make a real difference. So as you think about your future careers, keep VSO in mind. You'd be mad not to!

Although you are not paid, volunteers are not left unsupported by any means! VSO provides volunteers with a range of services from:

- Pre-trip training
- Accommodation
- Volunteer allowance (allowing a modest but comfortable lifestyle at a level comparable to local colleagues)
- Pre-departure payments to help with travel costs
- MDU/other indemnity insurance cover
- Health insurance
- National Insurance contributions

So, in summary – here are some of the pros and cons of working for VSO.

Pros

- Greatly enhances clinical skills and confidence in ones abilities
- Can make a real and sustainable difference to a developing community
- Chance to make new friends and experience a completely different culture

Cons

- Have to realise your limitations; "you can't save all of Africa!"
- Working with limited resources and equipment
- Living without Western comforts and commodities



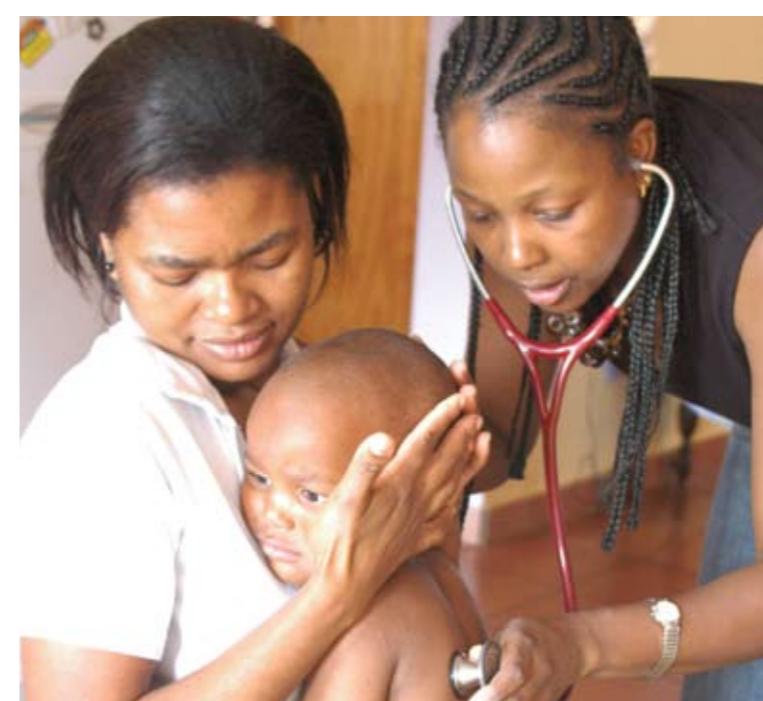
TWOEEKS is a brand new international volunteer network still in its infancy, enabling people to share their skills with those less fortunate for a minimum period of two weeks.

Read on to hear what Dr Karen Patten (pictured above), a GP in London and the co-founder of TWOEEKS has to say.

For further information

info@twoEEKS.org.uk

www.twoEEKS.org.uk



What inspired you to set up TWOEEKS?

“ The story of TWOEEKS really began after the tsunami hit on Boxing Day in 2004. My friend Preethi and I had completed our General Practice training and decided to take a little break and go travelling for two months. However, in the midst of our planning for the trip, the tsunami happened and we thought instead of travelling, we would donate this time to help others. However, we called 55 charities, agencies and organisations and for one reason or another were told that we could not help.

The most frustrating thing was that I knew of people who had relatives in Sri Lanka and their village was in desperate need of supplies and medics, but here we were sitting at home doing nothing. I spoke a lot about our experiences and soon found that others had also tried to volunteer but were often told similar things, i.e. that they did not have the experience, did not speak the right languages, had not been on the right courses and most commonly, that the time that they wanted to donate and spend overseas was too short. I quickly realised that there were so many people like myself that could donate their time and skills on a short term basis and make a difference. It was then TWOEEKS was born.

The desire to volunteer remained and my friend and I went to Lily of the Valley (South Africa) in October 2005. This is an orphanage that cares for children affected by HIV and AIDS, situated in a township called Mophela just outside of Durban. There we carried out a health needs assessment as they wanted to build a clinic for the children and the local community. This trip and experience was amazing and changed me forever. In the 14 days that we were there we worked with the staff and volunteers at Lily, attended to the children and met with healthcare professionals and officials learning about their healthcare system, local disease prevalence and needs. We even met with the Zulu chief for the township. We produced our report, \$100,000 dollars was raised and now a clinic has been built to serve the needs of over 40,000 people in the township of Mophela.

What type of medical volunteers are you looking for?

With regards to doctors, they should have valid registration and medical insurance. All skills are useful in a place where doctors are a precious commodity and there is only one clinic to serve the needs of 100,000 people.

General medical knowledge is beneficial for working in a health clinic such as the one at Lily of the Valley. However, our aim is to run specialist clinics as well with a view to establishing links with clinicians working locally and in secondary care.

What for you are the highlights of working with TWOEEKS?

There are so many highlights when working with TWOEEKS. I have met so many wonderful and dedicated people; not only within our team here in the UK, but also at Lily of the Valley and volunteers from as far as Mexico, Korea, Germany and the USA.

What are the most challenging aspects of your work with TWOEEKS?

For me as chairperson my greatest challenge is running TWOEEKS and working as a doctor. There have been so many lessons learnt and I suspect many more to come.

Finding a balance between work, TWOEEKS and indeed life can be challenging at times. However, every time I return to Lily and hear the stories of suffering and then triumph, I realise that it is a privilege to help.

Flexible Training

So you want to have a baby? But you also want to be a surgeon?! Surprisingly enough, the medical profession has finally dragged itself into the twenty-first century, making balancing a career with family life a little simpler.

The phrase 'flexible training' is frequently being banded around these days but what does it actually mean? The NHS has recently acknowledged that doctors are in fact human beings and require a balance between their professional and private life. This has led to more and more trainees being given the opportunity to work part-time and model their careers around their family or other commitments. This new outlook on medical training has huge implications for new graduates and will have a massive impact on the medical workforce and their practice as a whole.

2005 marked the dawn of flexible training and the NHS currently employs over 2,000 flexible trainees. This is set to increase with the overwhelming numbers of female graduates being produced from UK medical schools. In fact, a recent Postgraduate Medical Education Training Board (PMETB) survey of junior doctors revealed that over a fifth would like to be working part-time at some point in the future.

To ensure that doctors are retained in the health service, provision has had to be made to suit the desired working styles of the new generation. No longer is it acceptable to expect doctors to work at the expense of their families or caring commitments and it is equally unacceptable for mothers to be forced to leave the service altogether.



Case study

Dr Emma Hill
GP Registrar,
East London
Author of:
'So you want to be a medical mum?'

"I returned to work as a 50 per cent trainee SHO in Care of the Elderly when my daughter was about nine months old. Once I'd got over the shock of dealing with sick patients again, my next shock was my pay slip; 50 per cent of basic pay. The Trust was unable to pay me to do on calls, so I essentially spent the next year earning less than £15,000. I moved on to Paediatric A&E as a 60 per cent trainee the following year, and worked three days a week in the department. That job was great, as in A&E they were used to people doing shifts so the fact that you were flexible was much less of

an issue. No more trying to catch up on what had happened to patients over the last few days as each patient was a new encounter.

Reality hit when my baby (now rapidly becoming a grown up...) was almost two and family finances and my slow training progression on the GP VTS meant I had to bite the bullet and go back to work fulltime as a Paediatric SHO. I cried for about a week, but once I'd survived my first set of nights, during which my child and I had viral gastroenteritis, time flew and before long the family had adjusted.

My plan was to work full-time for a year, but as always, life threw up some unexpected surprises and I'm still full-time two years down the line! Unexpectedly, being full-time as a GP Registrar is more difficult than being a hospital SHO. The days are long and I'm often running out the door as she wakes up, then tearing up the stairs to try and make it to bath time after a hectic day.

I know it's not forever so I'm really looking forward to a flexible work pattern again as a part-time GP.



So who is eligible for flexible training? Well, it is not as easy as it may first appear as only those who meet strict criteria are selected. However, it is also not the sole preserve of female doctors wishing to start a family. A variety of agencies have been involved in producing the following criteria:

Category 1

Disabled doctors, those who care for children or an ill/disabled partner or relative. These trainees are not allowed to seek alternative employment, such as locums, whilst in a flexible training posts.

Category 2

Those wanting to train part-time whilst in other employment (paid or unpaid) for the remainder of the week and those wishing to follow non-medical interests such as sport or music.

Under the current guidelines, doctors who are undertaking research or in academia are not eligible unless negotiation has been made directly with the employer.



Case study

Dr Rebecca Salter, Consultant in Paediatric Emergency Medicine, St Mary's Hospital

"Having qualified from St Mary's in 1995, I followed standard Paediatric training up until 2000, completing 18 months of full-time Registrar training before having my first daughter. I carried on working 70 per cent until September 2004 when I had twin girls and took six months maternity leave. I came back to work on 70 per cent and gained my CCT in March 2008. Now I work four days a week as a Consultant, thanks to my youngest daughter starting school back in September 2009!

When you first start working flexibly, you need to be extremely organised; it is vital to know when you are on late shifts, when your partner is on call and who is going to pick up or take the kids to nursery.

In the majority of placements, flexible trainees are placed as 'slot shares' so you need to work very closely with this partner. They may be established as a flexi trainee already so you need to work with your colleague to plan how you are going to split the week. I had a fantastic relationship with my partner and it worked well because we communicated regularly. We shared responsibilities, such as rota writing and jointly carried out roles such as mess president.

I have to say for me, there have been no real low points. Generally, flexi trainees are happy to be at work and usually put in more clinical service time and take less study leave. As a flexi trainee you need to work harder at being part of the team, and therefore a good relationship with your job share partner is essential so the team know what to expect from one day to the next.

Finally, a slightly odd part of flexible training is when your previous SHO's bypass you in their training and become Consultants before you! This is odd for both you and them and requires careful handling so they don't feel awkward.

Overall, flexible training has been great and is well established in Paediatrics. I have had a really positive experience but this may partly be because of familiarity with this form of training in my field. At the end of the day, my training took three years longer than it would have done if I had worked full-time, but I have three gorgeous daughters and a good work-life balance that keeps you happy both at work and at home. I can't recommend it enough!

For further information

So you want to be a medical mum? Dr Emma Hill
(Oxford University Press, 2008)

The BMA Junior Doctors Committee (JDC) have published *Flexible training – report of the BMA led working party on flexible training* (BMA, 2003)

The junior doctors handbook (BMA, 2003–04)

both are available free to BMA members
www.bma.org.uk

NHS Employers have published *Doctors in flexible training: Principles underpinning the new arrangements for flexible training* (NHS Employers, 2005)

which is available from
www mmc.nhs.uk



The Staff/Associate Specialist Grade

So what happens if you don't want to be a Consultant? If you just want to stay in the same job for a while for personal reasons?

There are job opportunities for those who do not wish to enter a speciality training programme. These doctors were, until recently, generally known as the 'Staff and Associate Specialist Group' (SASG). The intention was to provide a secure and satisfactory career in hospital medicine for doctors who do not wish, or for various reasons are unable to complete training to Consultant level. The reasons why varied from personal matters (including family situations), pursuing interests outside of medicine, further study, those whose Consultant aspirations have been thwarted or postponed and those who do not want Consultant responsibilities.

The original Staff and Associate grades were devised to help meet staffing requirements and bridge the gap between Consultants and Junior Doctors in training. The availability of such posts has suited many, including international graduates who have previously been unable to acquire training posts and have been relied on to fill gaps in the NHS workforce.

The 'Staff Grade' appointment was normally made after at least three years in the old 'Senior House Officer' post and the 'Associate Specialist' after at least seven years as a 'Staff Grade'.

Although these posts provided a secure career, opportunities for career progression within these grades are very limited and in order to progress to Consultant level, SAS doctors needed to have previously held a 'Specialist Registrar' position. However, this has now changed.

From April 2008, the SAS grade was closed to new entrants and a new grade to replace both the staff and associate specialist grade was introduced: the 'Speciality Doctor'.

The speciality doctor grade

Speciality Doctors deliver routine and emergency clinical care under the supervision of a Consultant. Entry to the speciality doctor post requires a minimum of four years postgraduate training in the UK, at least two of which must be in the relevant speciality or a recognised equivalent training. This equates to completion of the Foundation Programme, followed by either successful completion of speciality or core training levels one and two or a recognised equivalent, or being able to demonstrate achievement of the necessary equivalent competencies.

Within the grade there is the opportunity for progression and with time speciality doctors will take on more responsibility. Doctors at the top end of the grade will resemble the old 'Associate Specialist' grade, working independently with only indirect supervision.

Doctors in this grade will be able, if they wish, to gain specialist registration and become Consultants through

keeping a portfolio of experience and competence. At all levels the Speciality Doctor will be part of a team led by a Consultant and will take part in all of the activities of their speciality including teaching students and junior doctors.

Continuing education

One of the major themes of the switch between the old SAS grade and the new Speciality Doctor post is the opportunity for continued professional development. The new contract guarantees at least one four hour session per week for 'supporting professional activities' which are defined as 'activities that underpin direct clinical care'. This may include participation in training, medical education, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management and local clinical governance activities'. Hence, there is now time set aside for Speciality Doctors to continue training and developing areas of skill.

Also central to the new contract is annual appraisal, job planning and objective setting, which will encourage doctors to build a portfolio of evidence on how they progress in the grade. This is particularly important if the doctor then wishes to re-enter the training pathway as a portfolio can verify competencies and may allow re-entry further up the training pathway.

Career planning sets the new grade apart from the previous posts. Portfolio keeping and good use of the 'professional activities' time will allow speciality doctors, who are committed to developing knowledge and skills in the role, to be able to re-enter the speciality training pathway that leads to the Certificate of Completion of Training (CCT).

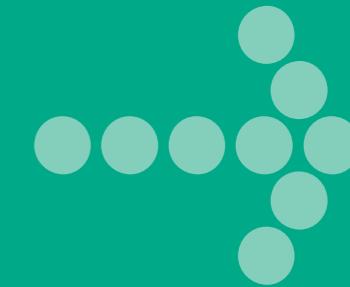
There is the opportunity to apply for the CCT via 'Article 14' after spending enough time in the grade and providing that the doctor can prove they have reached the necessary competencies. However, this is a much longer and difficult route than normal run through training, but is facilitated by regular appraisal and review.

Although relatively young, if the new contract is implemented correctly, the Speciality Doctor grade can help provide flexibility in your career by allowing you to step in and out of training posts depending on life events or other activities in your life by regulating your clinical commitments.

Who may be interested?

- Those who want to prioritise family but still want to work in hospital medicine
- Doctors who want to pursue other interest outside of medicine, e.g. business, study
- Those who do not want Consultant responsibility
- Doctors who want to take a break from the training pathway, for whatever reason

Medicine



Acute Internal Medicine

Acute medicine is a relatively new and rapidly expanding speciality. For this reason it can often go under the radar of medical students. Initially starting out as a branch of general internal medicine, the increasing demands on hospitals of managing acutely ill patients, has now led to acute medicine being recognised as a speciality in its own right.

Acute medicine focuses on the management of hospital inpatients with urgent or life-threatening medical problems. Acute physicians tend to spend most of their time on the Acute Medical Unit (AMU) or Medical Admissions Unit (MAU). However, there are also opportunities for outpatient work in rapid access clinics and for patient follow-ups.

Traditionally, acute medicine has been practiced in combination with another medical specialities such as gastroenterology, respiratory medicine, cardiology, endocrinology and geriatric medicine. However, there is now the opportunity to focus training solely on acute medicine and specifically become a Consultant in Acute Medicine. There is also the chance to combine acute medicine with academic research; so numerous career options are available to cater for different interests.

For those of you who enjoy variety, one of the main advantages of acute medicine is the sheer diversity of patient cases that you are likely to encounter, since acute medicine covers the full breadth of adult medical illnesses. This variety continues into practical procedures, so not only will you be able to perfect the practical skills needed to manage acute medical emergencies, you will also have the chance to learn additional practical skills from across the specialities including echocardiography, endoscopy, ultrasonography and bronchoscopy.

But while treating acutely ill people may sound exhilarating, it is not without its challenges. The pressures of having to make prompt treatment decisions and the importance of keeping up to date with the wide range of knowledge and skills required can be difficult.



Dr David Ward
Acute Medicine
Specialist Registrar,
Royal London Hospital

Why did you choose your field?

I tried a variety of other specialties in the days when you weren't restricted in the time you could spend in the old SHO grade. I also spent some time working in Australia. I tended to enjoy the time spent on-call seeing the new patients, who were also often the sickest patients, rather than doing the ward and clinic work. I loved seeing a variety of challenging patients. No day is the same and the turnover is high. This all led me to a career in Acute Medicine.

What did you have to do to enter this field?

I completed several years as an SHO and applied for a Specialist Registrar post. It is competitive, but not particularly complicated to get into Acute Medicine. Trainees can enter Acute Internal Medicine either via Core Medical Training (CMT) or Acute Care Common Stem (ACCS). All you need to demonstrate is a genuine enthusiasm and ability to enter the speciality.

What do you find the most challenging aspect of your job?

Keeping up to date with new developments in all acute medical specialties, so that my management of conditions presenting at the front door of the hospital is evidence based and up to date.

Did you know which speciality you wanted to go into whilst you were at medical school?

I thought I wanted to be in Emergency Medicine because of ER and Casualty!

How do you want to be remembered in medicine?

The ultimate accolade is to be the sort of doctor that your colleagues would want looking after their nearest and dearest: Nice, uses their common sense and gets things done.

If you weren't in medicine, what would you be?

Maybe marine biology, swimming with whales and dolphins.

Cardiology



Dr Mark Specterman
Cardiology ST3, Charing Cross Hospital

Why did you choose Cardiology?

Cardiology is about the most evidence based speciality there is; it makes for more confidence when helping patients make decisions about their care. I've always enjoyed physics and my main research interest is the electrophysiology of the heart.

A big factor in your choice of speciality is the people who influence you and you look up to. I'd completed 10 months of Cardiology out of 24 months of medicine before applying for specialist training. Largely this was not by choice at the time, but I got on well with everyone I worked with and that stayed with me.

What has been the main highlight of your career?

Passing the MRCP examinations!

What did you do to enter this field?

Core Medical Training (CMT), got MRCP, completed an audit or two and my competency assessments. My BSc project was good for my CV but more getting good references is more important.

What do you do on a day-to-day basis?

Ward rounds, help the ST1 and FY1 look after the ward patients, attend clinics, echocardiography and do general medical on-calls.

What is the most challenging aspect of your job?

It's my first Registrar post so clinic can be challenging. Ensuring patients get the best evidence based care (but also patient-centered), when you haven't got long to do this is always a challenge.

What are your goals as a doctor?

As long as my patients feel well looked after, that's all I really care about. If any research I conducted were to make a huge impact on the world that would be fantastic.

So what's 'at the heart' of this speciality? Well, Cardiology involves the diagnosis and management of patients with cardiovascular disease. Since coronary heart disease is the commonest cause of death in the UK, rest assured there's plenty of work to be done!

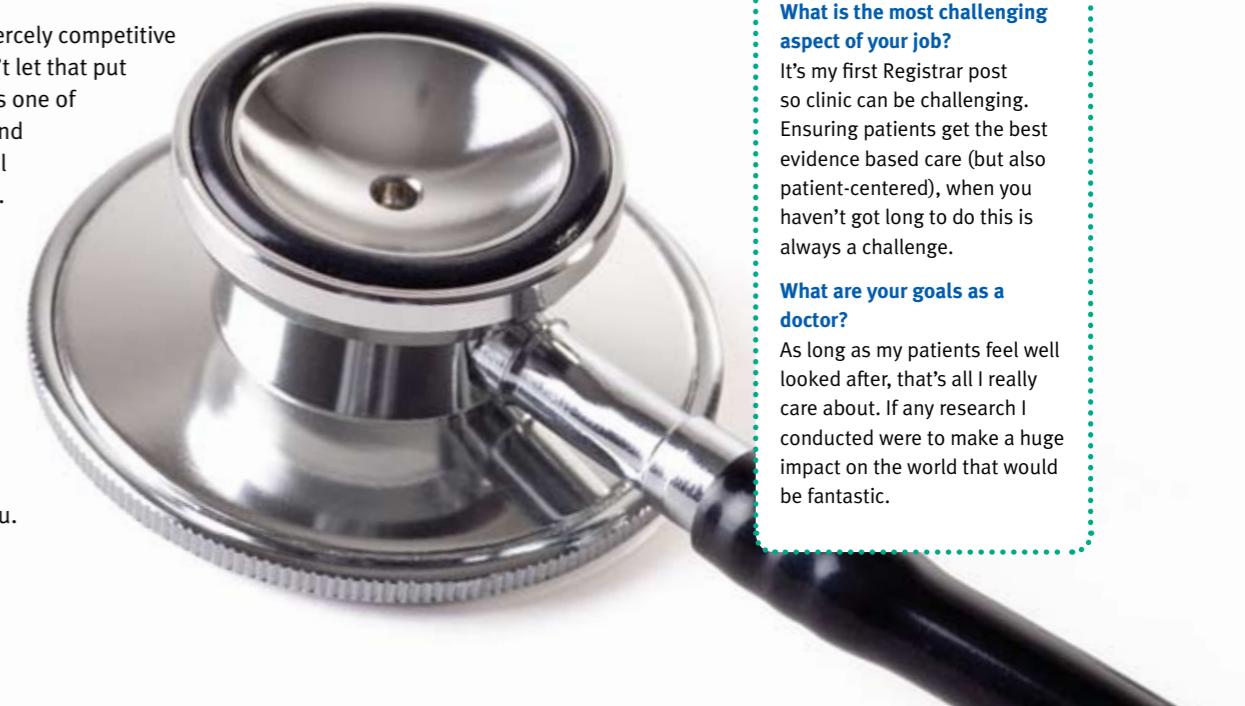
Most cardiologists tend to divide their time between inpatients, outpatient clinics, ward duties and investigations or interventional procedures such as echocardiography, cardiac catheterisation and pacing. This is great for those of you who want to be more hands-on in medicine and maybe it's a calling for those that always win at that buzzer game (you know the one...).

It's fair to say that cardiologists are in demand as doctors and are often asked for advice by other specialities - just think of all those ECGs lying around the hospital that need specialist interpretation! However, with popularity comes responsibility and there will be times when cardiologists are required to make prompt life-saving decisions.

For those bright sparks amongst you, the academic side of cardiology is at the forefront of medicine, with advances in research being rapidly translated into clinical practice.

There is no getting away from it — in this speciality you will have to work hard. No longer can you pretend to hear 'the murmur' or bluff your way through an ECG. However, the rewards are great; no one can deny the excitement of performing a life-saving angioplasty.

Cardiology has a fiercely competitive reputation but don't let that put you off, after all it is one of the most exciting and high profile medical specialities around. So if you are a cool character, who can stay calm under pressure and have a particular fondness for the stethoscope, then the dynamic speciality of cardiology is for you.



Care of the Elderly

The last time you saw Mrs Jones was on the Care of the Elderly ward; she was a sweet old lady who'd broken her hip, developed pneumonia in hospital and then become delirious. Six months on, she's now the old lady whizzing down the street in her mobility vehicle which is inexplicably moving faster than your car.

Abraham Lincoln once said, perhaps having met Mrs Jones, that "in the end, it's not the years in your life that count, it's the life in your years." This beautifully sums up the work of care of the elderly physicians. Their job is to make sure that age does not dictate an elderly person's life and that illness is dealt with to maximise their independence.

To be a Care of the Elderly (CoE) physician in the UK is to cater for the needs of those over 65 years of age; an impressive 21 per cent (and rising) of the population. This group of patients is unique and it is the complex interplay between medical, cognitive and social factors in ageing and the weird and wonderful presentations of even the most common diseases, which make this career so fascinating.

CoE medicine is generally divided into age-related, integrated and needs-related care. Age-related care involves looking after the over 75's who have multiple comorbidities and disabilities. Integrated care is in synergy with an acute medical team, with on-call sharing and general medical responsibilities in addition to the acute care of complex problems in the elderly. Needs-related care involves admission of patients in anticipation of their needs, something which rarely happens in other specialties.

This wide range of responsibilities within CoE medicine provides an opportunity to manage both interesting and challenging patients, who you won't see on the general adult ward. There are very few other fields which so wholly reflect general medicine, multidisciplinary teamwork and the importance of the holistic approach.

What's more is that there is a lot of scope for sub-specialising within CoE, ranging from stroke rehabilitation and cardiovascular disease to pharmacology and clinical ethics.

Am I suited to care of the elderly?

So, if you want to demonstrate your amazing diagnostic, communication and interpersonal skills in a field that involves a wide variety of diseases, presentations and challenges, then Care of the Elderly is the career for you!

TRAINING PATHWAY AND EXAMS

Following the two year foundation training programme, you will apply to the national two year broad speciality training programme in either Core Medical Training (CMT), Basic Neurosciences Training (BNT) or the Acute Care Common Stem (ACCS).

Although CMT is the most commonly chosen option amongst those interested in CoE, all three options are acceptable. During this time, you will be expected to achieve MRCP Part One and Two. Following this, you will apply to the five year speciality training programme in Geriatric Medicine, at the end of which you will receive a CCT in Geriatric Medicine. During this speciality training, you may also spend a year abroad or doing research, which is subject to gaining the Dean's permission.

In 2007, there were 125 applicants to 101 ST3 posts in the UK

57 per cent of applicants were offered a training post, which compares favourably with other specialties (e.g. 21 per cent in General Surgery, 23 per cent in Cardiology)

Consultant geriatricians work around 40 hours a week on average

There are over 1,000 consultant geriatricians in England and Wales and over 400 specialist registrars



Dr Ruth Mizoguchi
Specialist Registrar,
Care of the Elderly,
Chelsea and
Westminster Hospital

Why did you choose your field?

From my days in training, I knew that I really enjoyed working with old people. I tried oncology at first but missed acute medicine. I thought to myself, what could I do where I'd never get bored? For me, Care of the Elderly was the answer!

What has been the main highlight of your career?

I really enjoyed spending a year in Hong Kong working as a CoE registrar. It's much busier over there than it is here!

What did you have to do to enter this field?

After applying to specialist training posts, I had to prepare for both regional and deanery interviews. I went on an interview course and prepared for four weeks before the interviews.

What do you find the most challenging aspect of your job?

We are sometimes limited in what we can do for our patients based on their comorbidities. This can be disheartening at times.

How does your job fit into your home life?

Perfectly! I am married and have no problem juggling home and work life.

Who or what inspired you along the way?

My previous boss was inspiring in every way. She was a good leader, assertive, helpful and dealt with problems very well.

How do you want to be remembered in medicine?

As a helpful and caring doctor.

What are your goals as a doctor?

To one day become a Consultant in a London teaching hospital. Look out for me!



Dr Shirin Zahri
Dermatology, Specialist
Registrar,
St Mary's Hospital

Why did you choose your field?

I wanted a speciality that was visually diagnostic with a high patient satisfaction level.

What did you have to do to enter this field?

It is a highly competitive field and I have worked hard – prizes during medical school, good grades, lots of audits, presentations, publications and involvement in research.

What do you do on a day-to-day basis?

Mostly clinics and ward referrals with a weekly biopsy list.

How does your job fit into your home life?

I feel I have a very good work-life balance as I have a nine to five job allowing me to do other things!

Is there scope to explore other specialties whilst doing your job?

Definitely, for example rheumatology, GUM, HIV, infectious disease etc.

If you weren't in medicine what would you be?

A Dentist.

Did you know what speciality you wanted to go into whilst you were at medical school?

Yes!

What would be your worst idea of a job?

Long out of hours work.

Dermatology

To the average medical student, a rash is a rash – most couldn't tell the difference between eczema and scabies if they were put in front of a dermatology patient! Dermatologists on the other hand have a keen eye for skin, hair and nail problems, and can narrow down the diagnosis from an estimated 3,000 known conditions!

Skin conditions are extremely common, accounting for up to 15 per cent of GP consultations, and can present in any age group. Dermatologists are medics and are able to integrate knowledge of skin physiology, pharmacology, internal medicine, immunology, pathology and genetics. This means that there is a wide and often underestimated variety of cases, which really is one of the merits of the speciality. If you think that treatment in Dermatology comes down to creams, lotions and ointments then think again! This speciality is able to bridge the gap between medicine and surgery with most Consultants having at least one theatre list per week for minor procedures, such as excision of cutaneous malignancies. There is also a cosmetic element to Dermatology for those with an artistic side. Examples of cosmetic procedures include treatment of scars using dermabrasion and laser therapy to treat visible veins.

The visible nature of dermatological conditions means that they can have a huge effect on patients' lives. Many conditions are now curable, and many others are at least treatable making it a very rewarding career. Dermatology is a relatively small speciality and there is a real sense of community nurtured through regular group meetings.

Work as a Dermatologist is based around outpatient clinics and ward visits. There are many opportunities to sub-specialise in Dermatology, for example you can pursue training posts which are surgically orientated or paediatrics based. Dermatological emergencies are relatively rare, so if you are looking for a speciality that is action-packed and at the forefront of hospital life then this may not be the one for you. Nevertheless it is certainly not an isolated speciality. Dermatologists are often consulted about the care of patients under other specialities. Joint clinics with other specialities such as Gynaecology are commonplace. A large

and increasing skin cancer case load also means that Dermatologists work closely with Plastic Surgeons and Oncologists.

Clinics are busy and each one different, presenting a range of skin disease and patients. This makes Dermatology a diverse and challenging speciality and one with great job satisfaction.

Am I suited to dermatology?

Dermatologists require an in depth knowledge of physiology and pathology which they must be able to integrate freely. Good communication skills are vital because of the debilitating nature of many skin conditions.

It is suited to those interested in flexible training as it is largely outpatient based with little out of hours work. In 2006, 13 per cent of Specialist Registrars were training flexibly.

TRAINING PATHWAY AND EXAMS

After the foundation years trainees complete either Core Medical Training (CMT) or the Acute Care Common Stem in Acute Medicine (ACCS) and enter Dermatology training at ST3 level. Entry to ST3 is dependent on successful completion of MRCP Part One, Part Two should be taken by the end of speciality training and a further Speciality Certificate Examination in Dermatology should be taken before trainees gain a CCT in Dermatology. Average length of Speciality Training is six years.



Endocrine Medicine

Endocrine medicine is the study and treatment of disease caused by hormone dysfunction. Compared to many other fields of medicine, our knowledge of the endocrine system and its dysfunction was developed only in recent history. In fact, the concept of endocrine organs and hormone secretion has developed mainly over the last 300 years, making the field new, exciting and expanding.

In the UK today, the biggest burden of endocrine disease is that of diabetes and thyroid problems, however don't panic, it's not all about diabetic feet! Many cases are managed in primary care with endocrinologists managing only the more complicated cases and also dealing with a whole host of other weird and wonderful diseases from Cushing's to Conn's and Kallmann's to MEN syndromes. Endocrine medicine is especially important in the 21st century due to the expanding waist lines and increasing age of the UK population!

Much of the day-to-day work of the endocrine doctor is out-patient based, as with modern therapies, good symptom control of endocrine disease is often achieved. This is something which makes the job both satisfying and rewarding for doctors. Whilst certain symptoms are almost pathognomonic for endocrine disease, other cases can be challenging even for the House-esque diagnostican! This prompts some to declare endocrine medicine 'a cerebral speciality.' So, if you want a career in hospital medicine that deals with everyday and extremely rare conditions, has good opportunities for research and is academically and clinically challenging, this could be the career for you.

Am I suited to endocrine medicine?

Endocrine doctors must be good team workers as they have to liaise and coordinate with other members of the multidisciplinary team (MDT). If you like to analyse problems in detail and are challenged by medical complexities then this may be a suitable speciality. It's perfect for those who wish to combine a career in research and clinical medicine.



Dr Alexander Comninios
Specialist Registrar
Endocrine Medicine,
Hammersmith Hospital

Why did you choose your field?

I chose this field for many reasons. I wanted to work with all age ranges: antenatal, children, teenagers, adults and the elderly. And you often get to know them well as they come to repeat clinics.

It's a cerebral speciality — you have to think about things! This makes endocrinology extremely interesting — never mundane. You often have the chance to cure or at least control symptoms hence changing people's lives. There are lots of fascinating conditions e.g. Acromegaly and Sheehan's syndrome. The banter and camaraderie of general medicine gets you through the nightshifts and on calls, one of the tougher aspects of the job.

What do you find the most challenging aspect of your job?

Initially, the on calls were the most challenging and stressful aspect of the job but it was also challenging getting to grips with the infinite number of endocrine conditions and their various treatment strategies. Often there is no absolute correct treatment.

How does your job fit into your home life?

The worst part is the general medicine on calls (but they are less frequent than when I first qualified), but as an Endocrine Consultant I think you get a pretty good lifestyle and won't often be disturbed as much as many other hospital consultants.

Who or what has inspired you along the way?

Endocrine Consultants and professors who I met on my journey through medical school and early stages post-qualification. In addition my grandmother was diabetic and I used to help her with her insulin when I was a medical student.

Gastroenterology



Dr Adam Haycock
Gastroenterology
Specialist Registrar,
St Mary's Hospital

Why did you choose your field?

Gastroenterology offers a wide variety of both acute and chronic diseases and an opportunity to perform technically challenging procedures, such as Endoscopy. Gastroenterologists also tend to be nice people — it's difficult to be arrogant when you deal with poo all day!

What has been the main highlight of your career?

Chairing a symposium at the British Society of Gastroenterology Annual Conference was fairly special, and not a little bit daunting!

What did you have to do to enter this field?

An abstract or audit helps. I applied straight after getting my MRCP.

Do you have any funny tales from your days as a trainee?

Of course — you're not a proper Gastroenterologist until you've tried removing an unusual object from an orifice not designed to have things inserted into it!

Do you have any career-related regrets?

Not doing an ITU job during my SHO rotation — it would have helped make me more comfortable managing very sick patients on call.

If you weren't in medicine, what would you be?

A baker. But only for people who want fresh bread in the evenings, as I don't do mornings well.

Did you know which speciality you wanted to go into whilst you were at medical school?

No. I was pretty certain I was a physician and not a surgeon, but I didn't decide on my speciality until I'd done several SHO jobs.

How do you want to be remembered in medicine?

As a good teacher.

The thrill of gastroenterology is often underestimated. Students tend to assume that days are spent enquiring about bowel habits and performing PR's. But while a 'strong stomach' is beneficial (pun intended!), gastroenterology can be a fascinating and rewarding career.

So let's get to the 'bottom' of what you can expect. Medical gastroenterology involves the diagnosis and medical management of patients with diseases of the gastrointestinal tract. Most Gastroenterologists tend to divide their time between performing endoscopic procedures, carrying out ward rounds and running specialist gastrointestinal and liver clinics. The variety of work in this speciality is one of its major attractions.

Performing endoscopic procedures is a rare opportunity for medics to get more hands-on experience, and is a real advantage for those of you who don't want to devoid yourself completely of the 'surgery-esque' experience. Medical gastroenterology is not without drama either — an on-call physician may be required to perform life-saving emergency endoscopy to stop an upper GI bleed. Who said gastroenterology was boring?! Another advantage is the sheer diversity of the patient population that you are likely to encounter, treating patients from varied ethnic and social backgrounds.

But it's not all fun — the hours can be demanding and Gastroenterologists perform more specific procedures on-call than any other speciality. It can also be difficult helping patients come to terms with living with incurable disorders. However, there are numerous rewards, with the varied nature of the work and the chance to see many patients in clinics, as well as performing relatively non-invasive endoscopic procedures that can have a significant impact on a patient's life.

Am I suited to gastroenterology?

You clearly need an interest in this field, combined with a wider breadth of medical interest. Good hand-eye coordination is important for performing procedures. As with any clinician, good communication skills, the ability to make decisions under pressure and flexibility are all important characteristics to have.

TRAINING PATHWAY AND EXAMS

Like all other specialities, trainees interested in gastroenterology have to complete their foundation training programme (FY1/FY2). Trainees can then either complete their Core Medical Training (CMT-ST1/ST2) or the Acute Care Common Stem in acute medicine (ACCS). Speciality training for gastroenterology then begins in ST3. The curriculum is competency based but the duration of speciality training is usually around five years. There are a number of pathways from ST3; most trainees are expected to train in general gastroenterology and acute medicine (with or without hepatology depending on the interests of the individual trainee).

In terms of examinations, Part One of the MRCP exams must be passed in order to progress to speciality training in ST3. All parts of the MRCP must be passed by the end of ST3 and a further Speciality Certificate examination should be taken before trainees are awarded a CCT in Gastroenterology.

Competition ratios for London deanery in 2008:

- ST1 (CMT) — 1,719 applicants for 307 posts
- ST2 (CMT) — 492 applicants for 88 posts
- For ST3 Gastroenterology specialist training: 74 applicants for 22 posts

Infectious Diseases



Dr Laurence John
ST8, St Mary's Hospital

Why did you choose this field?

It's exciting and colourful. You treat young patients with usually reversible diseases so it's satisfying and you have the opportunity to experience different cultures.

What did you have to do to enter this field?

I did 18 months of specialist SHO jobs in infectious diseases and got my tropical medicine and hygiene diploma (DTM&H). I then spent two and a half years in the tropics (Uganda) before applying for my specialist training number. My specialist training from ST3-8 is still ongoing and included two further years of research in Uganda.

What is a typical day for you?

6-7am reading
7-8am family chaos
8-8.30am travel/reading
8.30am-6pm NHS chaos
6-6.30pm travel/reading and emails

What do you find the most challenging aspect of your job?

I deal with complicated cases and equally complicated individuals!

Is there scope to explore any other avenues outside of the field?

Infectious diseases are multi-system so we explore other fields every day.

What did you want to be when you were at medical school?

A physician. Infectious disease came later and then cemented in Uganda.

What are your goals?

A Consultant job in the near future but I would like to build the infectious diseases service and become further involved in education both in the UK and abroad.

How do you want to be remembered in medicine?

Effective and kind.

Infectious disease to most people conjures up images of tropical climates with weird and wonderful diseases, worms, parasites and the like. However, infectious disease is a hugely broad speciality that has an important role to play in the management of patients in hospitals across the UK.

Physicians specialising in infectious diseases assess, diagnose and treat patients admitted to hospital with acute, severe infections, those with infections brought from abroad and those who are immunocompromised. They also manage a variety of hospital-acquired infections. The ability to work with a range of medical and surgical specialties is essential, as the majority of patients require complex team management. A firm grasp of pathology, microbiology, pharmacology and epidemiology is key to the successful treatment of infectious disease patients.

Although a relatively small speciality, infectious disease offers an exciting and challenging career path. As a result of the modern global society, the UK is seeing a variety of 'new' diseases, meaning that the speciality plays an important role in healthcare today. With the majority of infectious diseases being curable or at the very least, controllable, it is a hugely rewarding and satisfying field.

Am I suited to infectious diseases?

A career in infectious disease is definitely not for the faint-hearted! The ideal infectious disease doctor should have a mix of excellent communication skills, the ability to liaise with a wide range of different specialties, an analytical mind and an interest in research and academic pursuits. The global nature of infectious disease is perfect for those with a thirst for adventure, new experiences and an appreciation of worldwide disease concerns and their management. Splitting time between clinical work and research both at home and abroad can have a hugely disruptive effect on family life and is not ideal for those with commitments of this kind. Equally, a less well defined career structure and sometimes questionable job security may be a turn off for those that prefer to be in tighter control of their destiny.

However, for most, the ability to work overseas, mix clinical work with research and branch out into a variety of subspecialties makes infectious disease a tantalising prospect. The breadth of knowledge required in everyday practice, involving all organ systems and close links with many other departments makes infectious disease one of the least mundane specialties on offer.

TRAINING PATHWAY AND EXAMS

Training within this speciality depends on what you will ultimately specialise in and can take many guises from pure infectious disease to combining with general medicine, medical microbiology or tropical medicine. An example career pathway might be the following:

- Foundation programme (FY1 and FY2)
- Core Medical Training or Acute Care Common Stem (medicine) (ST1 and ST2)
- Speciality specific training (ST3 onwards)

Doctors wanting to specialise in infectious diseases or tropical medicine will study the general internal medicine (GIM) level one and two curriculum, and then an ID or tropical medicine-specific curriculum.

Doctors must pass MRCP Parts One and Two as well as speciality exams in order to progress.

- **77,400 people are currently living with HIV in the UK**
- **Over 8,000 new cases of TB are diagnosed each year in the UK most of them young children from sub-Saharan Africa**
- **Approximately 12,000 people die as a result of influenza every winter**



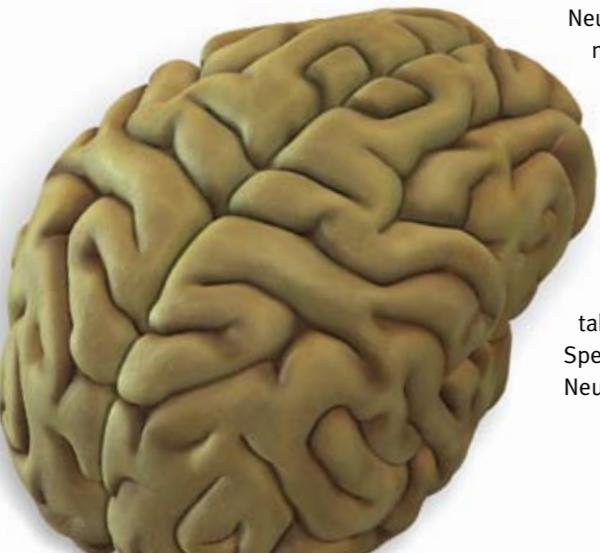
Neurology

Neurology is typically a taboo subject for most medical students. Between memorising the cranial nerves and working out what muscle fasciculation or wasting means, there isn't much time to actually appreciate the speciality in its own right. The sheer number of patients with neurological problems and huge variety of presentations can make the average ward round seem more like a particularly long and difficult exam. However, once you get your head around it, neurology can be one of the most logical and intricate specialties, with a lot of scope for interesting research.

Neurologists are primarily concerned with the diagnosis, treatment and management of disorders of the nervous system — this includes a wide range of central nervous system (CNS), peripheral nervous system (PNS) and muscle diseases. The majority of work is outpatient-based, but inpatients can have neurological problems and some patients require care alongside other specialties, for example following a stroke.

The patient load is a mixture of common disorders, which accounts for 75 per cent of all new patients along with complex cases which require methodical assessment, elaborate investigations and intensive treatment. The traditional perception of neurology as an 'academic' specialty, concerned only with the diagnosis of obscure conditions has been challenged by the improvements in neuroimaging techniques and the therapies available. Now, much of a neurologist's work is centred around the continuous care and treatment of common conditions such as Multiple Sclerosis and Parkinson's disease.

There is a lot of scope to pursue academic interests and research is encouraged, with many Neurologists now developing special interests in specific areas, such as



Dr. Leonora Fisniku
Neurology ST3, Charing Cross Hospital

Why did you choose that field?

I gradually fell in love with it — neurology is not taught very well during medical training, but when you learn it properly it really is fascinating. There's no other specialty that shows such an artistic side to medicine. Neurology is also very logical; diagnosis is based on anatomical and then functional lines.

Any advice you wish you knew then that you know now?

Being female and a mum with young children, I wish the system had been more flexible and adaptable — when I started training I relied very much on the goodwill of people rather than a supportive training system.

Any funny tales during your training?

It's not so much a funny story but a poignant one for me. Being a doctor is about caring for patients, but it's especially moving when a patient cares for you. When I was heavily pregnant, I couldn't move around very quickly and it took me longer to do my work. I had a 70 year-old patient who used to make a point of asking me to sit and take a break every time he saw me.

On his day of discharge, he waited till 5pm to see me and said "I hope this child will give you a lot of happiness". That kindness is something you rarely see even from your colleagues!

Any regrets?

When I was pregnant with my first child, I wanted to do six months in an Intensive Therapy Unit (ITU) as I was interested in the speciality. However, I wasn't supported due to my pregnancy, and not being able to experience it is something I regret.

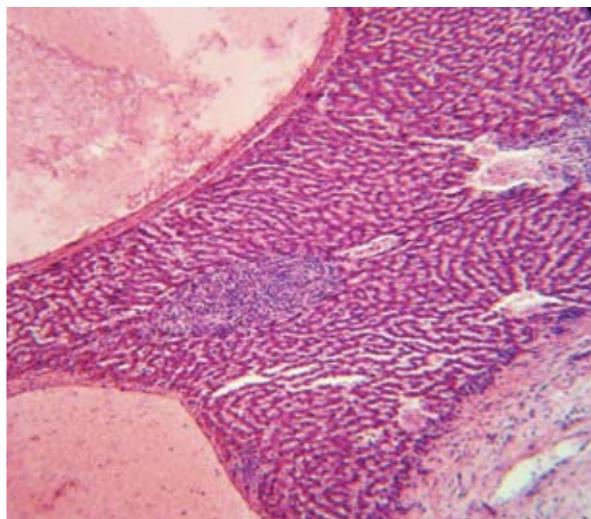
What are your goals?

To reach my full potential, and be a very good clinician with some academic interests. I want to be the type of doctor that people care for and feel secure with.

Oncology

If you did not know already, the word 'oncology' comes from the Greek 'onkos' meaning bulk, mass, or tumour. Oncologists are physicians who manage cancer, including investigations, treatment and follow-up. It is not all doom and gloom but can be a very rewarding field to go into.

If you would like to go into to this field, you must decide whether you want to become a Clinical or Medical Oncologist. The two specialties have differences in work patterns, treatments and approaches.



Dr Stanely Yu
Clinical Oncology,
Specialist Registrar,
Barts and the London

Why did you choose your field?

I decided to be a Clinical Oncologist when I was a medical student, after an attachment in an oncology firm. This field is one of the first few specialties that involve the MDT in managing patients from day one of diagnosis. We treat patients as a whole rather than just the diagnosis and job satisfaction is countless.

What has been the main highlight of your career?

A thank you from the patient/family does make my long hard day of work seem worthwhile.

What did you have to do to enter this field?

I have to finish my SHO (ST 1-2) training and obtain MRCP prior to applying for a Clinical Oncology ST3 training post.

Is there anything that you wish you knew then, that you know now?

There will be weekly MSc/FRCR course for the first three years of training. The course is quite demanding, with coursework and exams. Furthermore, we will have to prepare for and obtain FRCR before finishing the ST3-8 training.

How does your job fit into your home life?

Unfortunately, working and studying at the same time is tough especially in the first few years. Clinical Oncology is a very specialised subject and there are a lot of research opportunities available during your training.

Do you have any career-related regrets?

I did regret when I failed my FRCR Part One twice. But I guess, all jobs do have their ups and downs.

What would be your worst idea of a job?

Doing the same thing again and again, which never happens in clinical oncology.

● From 2002 to 2006 the number of Consultants in Medical Oncology in England increased by 33 per cent while the total number Consultants grew by 23.7 per cent

Medical Oncologists deliver cytotoxic medications and treatments in the aim of treating solid disease. It is a surgical oncology sub-specialty with clinicians treating both a primary tumour before and after surgery, as well as any recurrences. Medical Oncologists are normally part of large team of specialists within cancer centres with a large patient population. However, there are also vast areas of laboratory research. Who knows? You might cure cancer! Within this field you can sub-specialise further and become a specialist in treating tumours of a certain system e.g. G.I, breast.

Clinical Oncologists treat non-surgical tumours with the administration of radiotherapy and cytotoxic medication. Radiotherapy involves the administration of ionizing radiation either via external beam or implantation of interstitial sources. A bit more advanced than A level Physics unfortunately! You could also be involved in research such as working with postgraduate physicists as well as undertaking clinical trials.

Renal Medicine

The kidney — ingenious über-filter of bodily fluids or tasty companion to steak in a fine pie? (Answers on a postcard, please...) While we are on the subject, did you know that Renal Medicine is a truly fascinating career?

Nephrologists are responsible for patients with acute and chronic kidney disease as well as other conditions such as acid base disturbance that are associated with poor renal function (no surprises there!). One step down the line, they also manage patients with end stage renal failure using techniques such as dialysis as well as renal transplantation. In addition, the kidneys are often involved in systemic disease and vice versa, so nephrologists are at the heart of the multidisciplinary approach and have a close working relationship with other specialities to manage the complications of kidney disease.

If building good relationships with your patients over the course of their lives appeals to you, Renal Medicine is a good choice as many renal conditions follow a long course over decades. During this time, nephrologists support and guide not only their patients but also the families through the course of their illness. If research is your thing, Renal Medicine offers great scope for research in fields as diverse as transplantation immunology through to epidemiology and pathophysiology of renal disease, so there are plenty of opportunities to explore your interests.

So, if you are looking for a thrilling and intellectually stimulating career, Renal Medicine could be just what you are looking for!

Am I suited to renal medicine?

You must be fiercely independent and with an ability to be self-reliant towards your learning needs. This is an academic speciality. You also have to gauge the severity of life-threatening conditions and manage them accordingly but this comes with experience. You must have a good ability to communicate well with patients and families and be able to work in a team.



Emma Salisbury
ST4 in Renal Medicine
and Academic Clinical
Fellow, Hammersmith
Hospital

TRAINING PATHWAY AND EXAMS

After F1 and F2, trainees must complete their Core Training (ST1 and ST2). This is a two year programme that takes the form of either CMT (Core Medical Training) or the ACCS(M) [(Acute Care Common Stem (Medicine)] and provides a good background in General Internal Medicine in preparation for Speciality Training.

Speciality Training begins at ST3. Trainees will follow one of two pathways; a five year programme with dual certification in General Internal Medicine and Renal Medicine or a three year programme in Renal Medicine only.

Trainees will need to spend at least six months in total learning how to manage renal transplant patients, three of which should provide experience managing these patients immediately after transplant surgery.

MRCP Part One must be completed before applying for ST3 training posts in Renal Medicine. MRCP Part Two and PACES must be completed during Speciality Training.

A further exam the 'Speciality Certificate Examination in Nephrology' must be taken in order to apply for MRCP (Nephrology). Candidates are eligible to do this after entering ST3, however, it is recommended that candidates should have completed at least one year of Nephrology Speciality Training before attempting it.

Main highlight of your career

Being involved in renal and pancreas transplantation — very exciting and rewarding!

Why did you choose that field?

Renal Medicine is a relatively academic speciality with lots of research opportunities.

What do you find the most challenging aspect of your job?

Night shifts when patients are very sick on the high dependency ward, there are two patients in A&E waiting to be seen (we see all our patients direct from A&E), somebody is unwell on the dialysis unit and then you get a call from UK transplant to say they have a kidney and pancreas to offer you!

How does it fit into your home life?

I got married six months ago. My husband is a banker. When I am working on the wards I do not get home till about 9.45pm, sometimes later, but we only ever work five days in a row and I have the weekends.

Is there scope to explore any other avenues outside of the field?

I am an Academic Clinical Fellow so spend 25 per cent of my time (six weeks every six months) away from the renal unit working in the Department of Immunology. I have just applied to the Wellcome Trust and Medical Research Council for a grant to fund a PhD looking at Th2 memory cells.

What are your goals?

My immediate goal is to get a grant to do my PhD. Ultimately, I hope to be a Consultant with my own research lab. I also want to be a mother. I am sure there will be tough decisions to be made but I can make them as they arise.

If you weren't in medicine what would you be?

An Interior Designer/Florist or a lady-who-lunches!

Respiratory Medicine



Dr Helen Ramsay
ST4 Respiratory
Medicine, West
Middlesex
Hospital

Main highlight of your career

There have been lots of highlights, some of them are my own achievements like getting an ST3 post when MTAS first came out despite not being initially shortlisted, or passing MRCP all first time!

Why did you choose that field?

I was always interested in anaesthetics at Med school but realised I wanted a career with more patient contact and inpatient work when I was a House Officer.

What did you have to do to enter this field?

After doing MRCP and a medical rotation, I then tailored my SHO jobs to Respiratory with a specialist SHO job at the Brompton Hospital (Respiratory Tertiary Referral Centre) and then a post at St Thomas' in HDU and ITU which gave me experience in invasive and non invasive ventilation. I also attended some courses given by the British Thoracic Society (which I became a member of) and undertook some respiratory audits.

What do you do on a day-to-day basis?

Generally, I do a ward round daily with or without a Consultant and see referrals. There are clinics two to three times a week, including a TB clinic, sleep clinic, lung cancer clinic and general respiratory clinics. I also have a bronchoscopy list on a Friday morning.

If you weren't in medicine what would you be?

I'd run a B&B in the country, bake cakes and do cream teas!

Did anyone inspire you?

Both at medical school and in my first PRHO job, I was inspired by fantastic and enthusiastic respiratory physicians and that gave me the inspiration I needed to follow in their footsteps.

Just for the record, there is much more to Respiratory Medicine than asthmatic kiddies and 40-a-day chain smokers with COPD! Now that we have set the record straight, let's have a closer look at this amazingly diverse speciality...

Most of you will have seen the chest team around the hospital, looking after patients on the wards with a whole variety of conditions from pneumonia to pneumothorax and cystic fibrosis, but that's just part of the story. Respiratory physicians also deal with allergy patients and sleep disorders as well as running the TB services in most hospitals, so there isn't much opportunity to get bored! They may also find themselves called on in the style of the legendary Dr House when a patient's diagnosis is proving tricky to pin down, as they have a lot of experience with getting to the bottom of patients with non-specific symptoms like chest pain and cough.

If all of that hasn't taken your breath away, this hugely varied speciality has lots to offer those of a more practical persuasion; with regular bronchoscopy and thoracoscopy lists, biopsies to take and lung function tests to run there is plenty to keep you busy. If you love all things high-tech, why not try your hand with the gadgetry in the ITU? Or if academia is your thing, you can take your pick of projects in immunology and molecular biology (to name a few) as well as clinical work, so you are bound to find something you are interested in.

● **There are currently over 430 respiratory trainees — the largest number in any of the acute medical specialties**

● **In 2007, there was a competition ratio of three people per post**



Rheumatology

Not the most glamorous of specialties, Rheumatologists struggle somewhat with a reputation for so many hours spent in clinic they forget where the wards are. There is, however, something to be said for a speciality that involves no (intentional) contact with fluids or orifices, a comparatively relaxed workload and some genuinely challenging cases.

Rheumatology deals with disorders of the musculoskeletal system and associated connective tissues, treating anything from osteoarthritis to chronic pain. It commonly focuses on joints, but can refer to the skin and soft tissues too. The majority of patients will suffer from chronic conditions (some form of arthritis remaining the most common complaint), and as such there is an opportunity to build a lasting relationship that is missing from many other specialties. A proportion of cases will be comprised of more acute conditions (such as rheumatoid vasculitis) or a first presentation which, with effective management, can be suppressed.

The wide range of presenting symptoms means that rheumatologists are also good generalists and many choose to practice both. A fair proportion of the average week is spent in outpatient clinics, however, a typical session could vary between consultations with longstanding patients to muscle biopsies or seeing referrals from other specialties. An ability to work well with other health professionals is essential: most patients have contact with a range of disciplines, such as neurology and gastroenterology. Nurses, Physiotherapists and carers also play a vital role.

Rheumatology offers good opportunities for research (and the time to pursue them) and is a field with a proven pedigree in bench to bedside medicine; some of its most significant advances, such as monoclonal antibody therapies, have been pioneered in the past fifteen or twenty years.



Dr. Bhathiya Wijeyekoon
Specialist Registrar,
Chelsea and
Westminster Hospital

What has been the main highlight of your career?

The patients really; some are very complex and interesting. It can be really challenging figuring out what's wrong and how best to manage them. Doing a PhD comes a close second and working as a physician-aid worker after the 2004 tsunami was a privilege.

Why did you choose that field?

The main reason is because Rheumatologists can treat patients very effectively. It's quite satisfying to see people brought into complete remission! There is also a good mix between interesting medical cases and cutting edge science and allows for a good work-life balance.

What do you find the most challenging aspect of your job?

Keeping up to date with the literature is quite challenging. It's worth setting time aside each week to do a bit of reading.

How does it fit into your home life?

Rheumatology is very good that way. Pure Rheumatology in particular is very flexible in terms of working hours.

If you weren't in medicine, what would you be?

An airline pilot maybe?

Is there scope to explore any other avenues outside of the field?

Definitely, we're leaders in bench to bedside medicine and many new biological treatments, e.g. monoclonal antibody based treatments were developed by rheumatologists. I spent three and a half years doing a PhD, and there are lots of opportunities to be involved in both laboratory and clinical research. It's a really dynamic field.

What would be your worst idea of a job?

I worked at McDonalds and sold ladies shoes for a while during my gap year — I would say Mac's was definitely my worst job!

Am I suited to rheumatology?

It might be a cliché, but an ability to work effectively in a team really is a prerequisite here, given the number of patients presenting with multifaceted chronic conditions, or referred from other specialties. If you're a good generalist but want a bit more, Rheumatology is a good choice. Many consultants split their time between the two, and the field covers a greater spectrum of diseases than you might expect.

TRAINING PATHWAY AND EXAMS

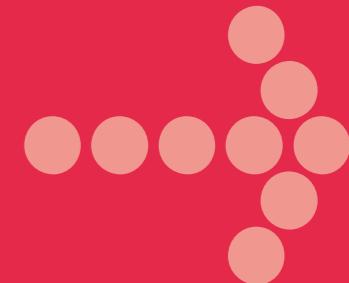
After F1 and F2, trainees must complete their Core Training (ST1 and ST2). This is a two-year programme that takes the form of either CMT (Core Medical Training) or the ACCS(M) [Acute Care Common Stem (Medicine)] and provides a good background in General Internal Medicine in preparation for Speciality Training.

After this, entry into Rheumatology speciality training is at ST3 level. Trainees will either begin a five year programme with dual certification in General Internal Medicine and Rheumatology or a four year programme in Rheumatology alone.

MRCP Part One is required for entry at ST3 level and MRCP Part Two and PACES must be completed during speciality training. Before becoming a Consultant, a further Speciality Certificate Examination in Rheumatology must be taken in order to apply for MRCP (Rheumatology).

- There are currently 470 Rheumatology Consultants and 210 trainees
- This equates to one Consultant per 165,000 people; the target is one per 85,000 — the number of training places is being increased
- Number of applicants per post at ST3 (2007) equals 7.8, compared to the national average of 8.8

Surgery



General Surgery

General surgery is one of the largest surgical specialties and encompasses many subspecialties such as Breast, Endocrine, Colorectal, Gastrointestinal and Vascular Surgery.

Traditionally the general surgeon was a jack of all trades who would deal with all of the above areas. Over the last ten years this has changed and nearly all general surgeons have specialised into one of the above disciplines, while maintaining a familiarity with all the skills necessary in an emergency situation. In many cases, surgeons have become super-specialised focusing on just a small niche within their subspecialty. There is still a limited role for those wishing to become a more 'generalised' general surgeon, especially in remote areas and in specific circumstances such as the military, where breadth of knowledge is essential.

A day in the life of a surgeon is not spent solely in the operating theatre (although many would like it to be) — all surgeons are involved in outpatient clinics, ward rounds and administration. A great many will also delve into teaching, research and medical politics. Surgery can take place either electively or in an emergency setting, though in most cases it's preferable to operate electively. The lion's share of general surgeons' operations will be related to gastrointestinal complaints, most commonly appendicitis.

A surgeon's work is often within a multidisciplinary team including Nurses, Therapists, Radiologists, Anaesthetists, and Pathologists as well as a referring doctor (GP).

Minimally invasive surgery is a rapidly developing and exciting area of surgery, with the advantages of fewer post-surgical complications such as infection as well as reducing the average time a patient spends in hospital. There has also been recent research into robotic surgery so highly skilled procedures could be undertaken by a surgeon situated in a different hospital.

There are many stereotypes surrounding General Surgery, often portraying it as the refuge of public school, rugby playing males. While most of the stereotype doesn't stand up to scrutiny, the male:female imbalance (93.5 per cent: 6.5 per cent) has been acted on by the *Women in Surgery* campaign by the Royal College of Surgeons.



Mr Sanjay Purkayastha
Specialist Registrar
and Clinical Lecturer
in Surgery, St Mary's
Hospital

Why did you choose your field?

The technical challenge and application of minimally invasive surgery became more apparent at the time that I was deciding on which surgical speciality to pursue. I decided at the end of medical school that I wanted to do surgery as I felt that there were few surgeons who wanted to look after the whole patient and were interested in medicine.

What do you find the most challenging aspect of your job?

Some of the technical difficulties of the surgery — but those are enjoyable! The most challenging but frustrating aspects of working in the NHS are the bureaucracy, administrative work and red tape. Trying to give patients a truly excellent standard of care despite inadequate staffing, equipment and facilities can be very frustrating.

How does your job fit into your home life?

With difficulty! But it is very important to learn how and when to say "no" and remember that if you don't look after yourself, no-one else will.

Who or what has inspired you along the way?

My father — he is a truly good man. He is also a surgeon, technically gifted and really puts the patients first, is a man of great principles and a fantastic dad!

My mum — she is a gynaecologist. A really strong woman who worked tirelessly whilst working full time and yet still had the time to be an amazing, hands-on mum!

What are your goals as a doctor?

To sort out the patients. To inspire others. To be the best. To change things for the better, not just because we can or because someone somewhere says so.

● Nationwide there were 485 posts in 2007, making it the largest surgical speciality (Orthopaedics was second with 168)

● Between 2002-06, the General Surgery workforce grew by 20.6 per cent. This is less than most other surgical specialities

Cardiothoracic Surgery



Mr Prakash P Punjabi
Consultant,
Cardiothoracic Surgery,
Hammersmith Hospital
and Honorary Clinical
Senior Lecturer, National Heart
and Lung Institute

Why did you choose your field?

I get a lot of work satisfaction. This is a highly advanced, technological field. You have to be a techno-craft as well as a surgeon and it is not just cardiac surgery, you have to be a cardiologist, a respiratory physician and an intensivist too. Most of my patients have tried every other treatment modality and seek cardiac surgery as the final resort. When they recover successfully, they can have many years of a normal life.

What has been the main highlight of your career?

I am one of the youngest consultants to have received a Clinical Excellence award at a national level. It is in recognition of hard work, perseverance and innovation. I also hold a patent for a device in cardiac surgery and am working on another.

What did you have to do to enter this field?

Slog, slog, slog and slog! You've got to show dedication, perseverance and your ability/intelligence throughout your career, because it's an extremely competitive field.

What do you do on a day-to-day basis?

It is a long day — approximately 11-12 hours! I see patients in the ITU and if I am in surgery, I do two to three cases per day.

How does your job fit into your home life?

This job is demanding and it is not to say that the home life takes second place, but certain adjustments have to be made and this starts with your spouse/partner and then with your children.

Do you have any career-related regrets?

No, I love my career.

Ear, Nose and Throat (ENT)

Otolaryngology, or Ear, Nose and Throat (ENT), is the management of both surgical and medical disorders of these areas. It is a broad speciality, with conditions ranging from tonsillitis to cancer, and patients ranging from neonates to the elderly. The number of surgical procedures it encompasses is more than most other surgical specialties put together!

The average working day is based around outpatient clinics typically seeing 12-16 patients, as well as theatre sessions and ward rounds. For a surgical speciality, out-of-hours work in ENT is minimal, but when there is, it can be dramatic with serious emergency presentations such as acute airway obstruction. So if you want to be an ENT surgeon you certainly need to be able to think and act quickly and decisively — it's not for the faint hearted!

One of the highlights of a surgical speciality such as ENT is that doctors can immediately see the results of their work. ENT operations can be very demanding with some of the largest surgeries of any surgical discipline — but this in itself can bring greater job satisfaction. Outpatient work allows specialists to carry out diagnostic and investigative work, whilst also actively dealing with the problem in theatre. This balance ensures an intellectually and physically stimulating career. In particular, ENT is at the forefront of the management of oncology of the head and neck.

The working environment is varied as surgeons work closely with a variety of other professionals including Audiologists, Speech Therapists and Dieticians. There is also much overlap with other specialities, particularly maxillofacial surgery, neurosurgery, plastic surgery and ophthalmology.

If you are looking for a career that is greatly diverse in its mix of patients and procedures, requiring good clinical skills with challenging surgeries, then ENT is the one for you.



Am I suited to ENT?

As with any surgical speciality, you'll need good manual dexterity and technical skills coupled with solid background knowledge of physiology and anatomy. An aptitude for dealing with problems in a straightforward manner, the ability to think and act decisively and of course the ability to work effectively in a team are also crucial to any medical or surgical speciality. Given the nature of the conditions encountered, many ENT patients have communication difficulties, therefore it is imperative that surgeons themselves are good communicators.

TRAINING PATHWAY AND EXAMS

Trainees complete either the medical or generic surgical training at ST1 and ST2 level and enter ENT training at ST3 level. Entry to ST3 requires successful completion of MRCS at the time of application.

Time frames for each stage:

- Initial stage of training in ENT: two years
- The final stage of training in ENT: four to five years
- The special interest training in ENT: one to two years

Overall training is an average of seven to eight years from ST3 onwards.

- Specialists spend approximately half their clinical time in theatre
- Number of applicants per post for speciality training in 2008 was 14
- There are currently approximately 580 ENT surgeons in England



Mr Charlie Huins
Specialist Registrar,
Otolaryngology,
Northwick Park
Hospital

What has been the main highlight of your career?

Difficult to pick one, but probably getting my SpR number in North Thames would be it — my decision to do ENT conveniently coincided with everyone else's same decision, and so the competition was huge and remains so.

Is there anything that you wish you knew then, that you know now?

I wish I'd known how much extracurricular stuff you have to do. All the paper writing, studying, organising and learning/reading (books, journals etc) you have to do in your own time outside the normal working hours is significant. Do not underestimate this; it may apply to medicine as a whole, but certainly in surgery.

What do you find the most challenging aspect of your job?

Time management! You juggle multiple things at once (seeing patients in clinic, fielding calls from the on call team and making subsequent management decisions), prioritising constantly depending on the changing factors at the time. And time management out of hours to try to maintain a healthy work-life balance — incredibly important for your sanity!

Do you have any career-related regrets?

I wish I'd discovered ENT earlier! Having only experienced one week as a student, I'd had almost zero exposure of it and, as a result, did not choose it immediately, instead roaming through other surgical specialities. But one could argue that I needed to exclude those other possibilities in order to know ENT was for me.

Why did you choose medicine?

I watched my dad (a GP) stitch up a boy's head when I was eight years old, and thought that was cool!

Gastrointestinal Surgery



Mr Piers Gatenby
Specialist Registrar,
General Surgery (Upper
GI/HPB), Charing Cross
Hospital

Why did you choose your field?

A combination of fate/luck and the fact that it is particularly awesome amongst specialties (big bonus of operating in chest and belly with major cancer and laparoscopic work).

Is there anything that you wish you knew then, that you know now?

That the structure of training would change during my training, that the Consultant Contract would change, that surgery would involve such a high degree of sub-specialisation.

What do you do on a day-to-day basis?

Usually go in for about an 8am start, go around the patients, consent for theatre, go to theatre all day and operate, sometimes do an outpatient clinic or a meeting, sort out any disasters/admin, try to leave by eight unless on-call. On-calls are typically non-resident and either very quiet or one disaster will keep you up all night.

Do you have any career-related regrets?

I don't regret anything, but I would like to be able to train people more, however there is so much to do and time is so tight.

What do you find the most challenging aspect of your job?

When things go wrong they often go spectacularly wrong and there will be times when someone you are looking after has a major complication/dies.

Is there scope to explore other specialities whilst doing your job?

By the time you have got to the final years of SpR, it is difficult to change speciality without spending a fair amount of time re-training.

If you weren't in medicine, what would you be?

Less tired!

Am I suited to gastrointestinal surgery?

You are an FY1 working in the Accident and Emergency department. A twenty year old male is rushed in with a twelve hour history of acute abdominal pain. His temperature is 38.5°C; his heart rate is 100 beats per minute; he is taking rapid, shallow breaths and lying completely still. Abdominal examination reveals generalised tenderness and guarding. What do you do? Call in the gastrointestinal (GI) surgeons.

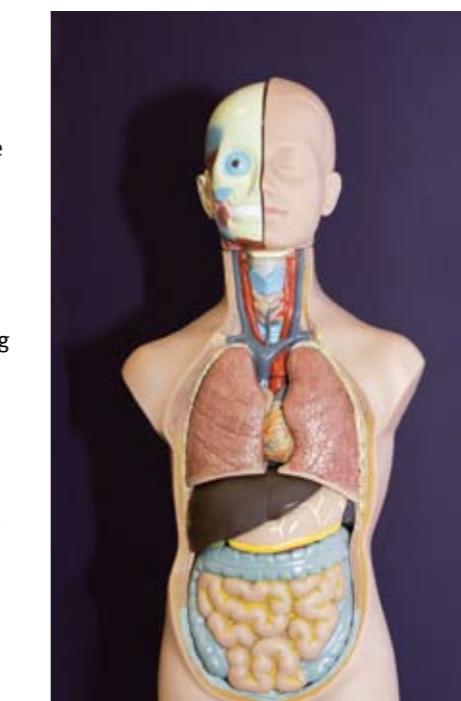
GI surgery comes under the umbrella term of 'general surgery'. In the past this was an integrated speciality encompassing vascular, endocrine, oncological and gastrointestinal work. Nowadays, consultant general surgeons nearly always specialise in one of these sub-categories. Furthermore, GI surgery itself is two distinct clinical entities: upper GI surgery, and lower GI or colorectal surgery.

An average working day begins with the morning ward round. Patients admitted the previous day are assessed and reviewed, as are elective patients. The rest of the day will be split between outpatient clinics and theatre lists. General surgery is well-known for its high level of on-call demand and frequent out of hours work. This makes it an exciting and fast paced career choice but also a highly demanding one.

Most emergency general surgery patients present with acute conditions of the abdomen. Other common presentations encountered by upper GI surgeons include the management of patients with GI haemorrhage, dysphagia and dyspepsia. For lower GI surgeons, a common presentation may be change in bowel habit; examples of underlying conditions include inflammatory bowel disease and colorectal cancer.

Despite the move to sub-specialise within the field of general surgery, GI surgeons must maintain the competence to manage patients presenting on an unselected emergency general surgical 'take', diagnosing, assessing and treating or referring on as appropriate. GI Surgeons deal with a huge range of conditions, making working life both highly interesting and challenging.

GI surgery is a very hands-on speciality which offers a good balance between intellectual and physical input. Surgical interventions can revolutionise a patient's life, so job satisfaction can be high.



In 2008 there were on average 19 applicants per position for entry into training at ST3 level

Neurosurgery

In her infinite wisdom, Sharon Stone once said that “if you act like you know what you’re doing, you can do anything you want... except neurosurgery”. This suggests that it maybe takes more to make it in neurosurgery than the average ‘blag’! This is in keeping with the fact that it is one of the most challenging fields in surgery and attracts doctors of the highest calibre.

Neurosurgery involves the diagnosis, assessment and surgical management of disorders of the nervous system, including the spinal cord and above all (anatomically speaking), the brain. It covers all aspects of brain surgery, from pre-operative imaging to the removal of tumours. The range of work is vast and can span from microsurgical, base of skull surgery to orthopaedic style degenerative spine surgery.

One of neurosurgery’s loudest siren-calls is the fact that over 50 per cent of the neurosurgical caseload is emergency care, mostly trauma-related. On-call work can be intensive with out-of-hours emergency operating. Most Consultant Neurosurgeons spend four to five sessions in the operating theatre per week. The remainder of their time is spent on pre- and post-operative ward care, outpatient clinics, teaching and other administrative duties.

The range of sub-specialities within neurosurgery is enormous and includes paediatric neurosurgery, neuro-oncology, functional neurosurgery, head injury, neurovascular surgery, skull-base surgery and spinal surgery. In addition, neurosurgery forms a beloved part of the multidisciplinary team meetings with other disciplines such as clinical neurosciences, neuro-oncology, endocrinology and surgical

disciplines including otolaryngology, maxillofacial, plastic and orthopaedic surgery. This provides plenty of opportunity for interdisciplinary mingling!

Am I suited to neurosurgery?

Important qualities in neurosurgeons include decision-making, excellent interpersonal skills, a strong academic background and an interest and aptitude for the technical aspects of surgery. These, as usual, need to be coupled with the ability to work in teams and communicate with staff, patients and their families.

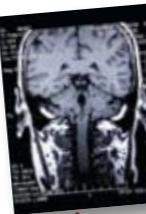
TRAINING PATHWAY AND EXAMS

Initial training is as per the common surgical pathway. Beyond this, acquisition of a Speciality Training (ST) post is very competitive and it is beneficial to have a postgraduate degree and publications or presentations to support your application. Early ST posts in neuroscience enable the acquisition of core knowledge and competencies, as well as the development of technical operative skills and surgical judgement.

The ST4-5 years are spent in full-time general neurosurgical training followed by three years (ST6-8) of incorporated specialist interest training. However, specialist interest training will only commence once your programme director is satisfied with your general neurosurgical training and acquisition of microsurgical and advanced operative skills.

Many trainees are able to complete a higher degree during training and organise a post-accreditation fellowship for sub-specialisation. Assessment of training and progress is regular and structured.

In terms of examinations to take, entry into ST4 requires MRCS or equivalent.



Miss Samira Akmal
Specialist Registrar,
Neurosurgery, Charing Cross Hospital

Why did you choose your field?

I have always wanted to have a career that was very involving and challenging. I was also influenced by a book ‘Gifted hands’ written by Ben Carson which I read as a high school student.

What did you have to do to enter this field?

You have to complete your basic surgical training and then apply for a ‘numbered post’ via the Modernising Medical Careers (MMC) system. Having a PhD or MD helps.

What do you do on a day-to-day basis?

Our days as Neurosurgical Registrars start by attending a handover about the previous day's on-call. We then might do ward rounds, theatre, clinic, paper work, on call (a one in eight rota), research or teaching.

How does your job fit into your home life?

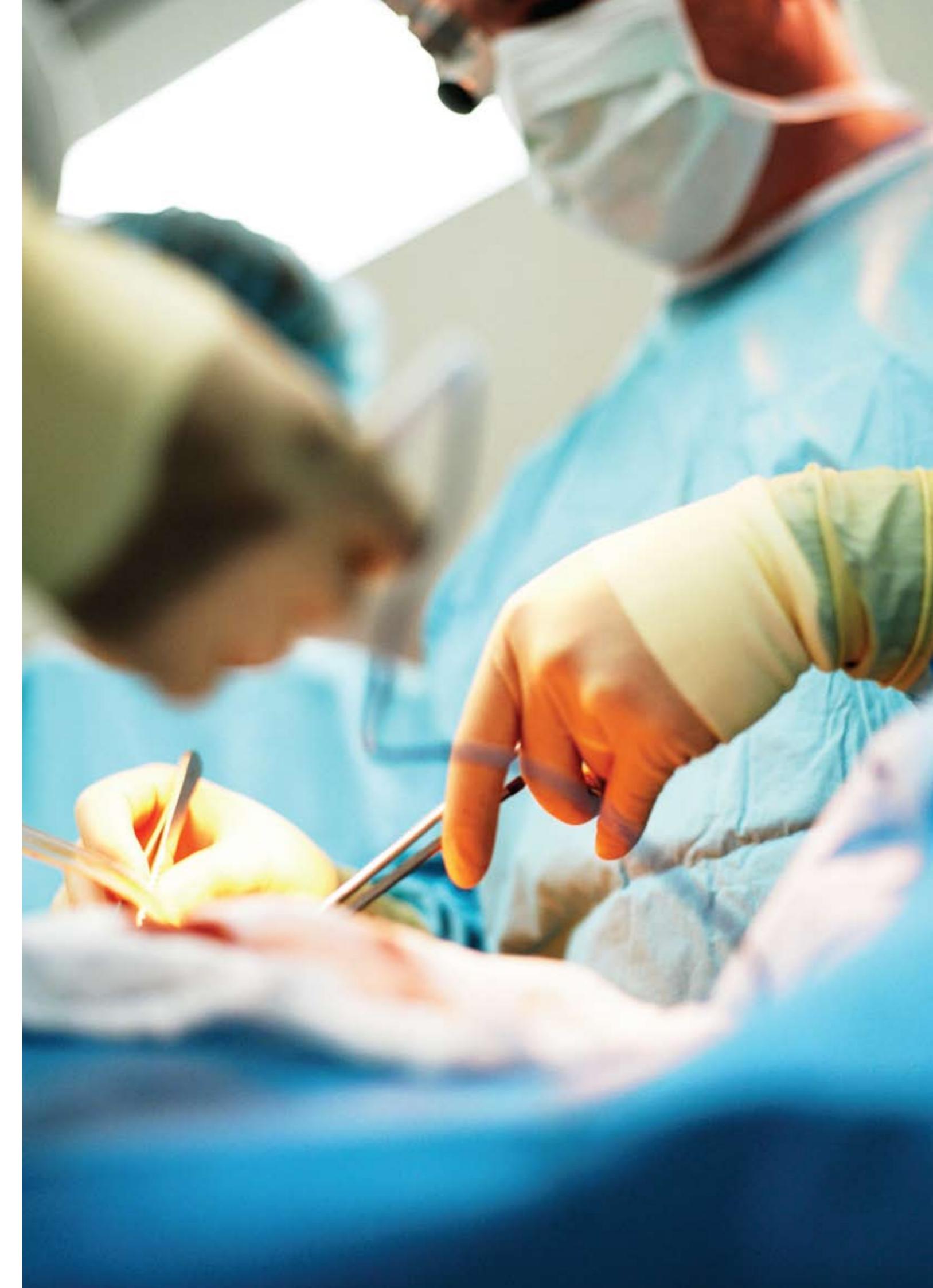
My work life takes precedence over all as this speciality is so demanding. I have a very supportive family who want for me everything that I want for myself and more.

Is there scope to explore other specialities whilst doing your job?

Neurosurgery itself is composed of several sub-specialties which one can develop an interest in. I do not think there is scope to dabble in other specialties but one has to have a good working knowledge of Paediatrics, ITU, Anaesthesia, Radiology, Medicine, Oncology etc.

Did you know which speciality you wanted to go into whilst you were at medical school?

I always knew I wanted to be a surgeon but was not sure what type until I had practiced for four years as a doctor.



Oral and Maxillofacial Surgery

When medics and dentists first crossed paths many many years ago, amidst screams of “you’re not a doctor” and “you don’t floss appropriately after meals”, a speciality was born — one that has worked harmoniously since then to achieve some of the most visibly rewarding and life-changing results in all of healthcare. Welcome to Oral and Maxillofacial Surgery.

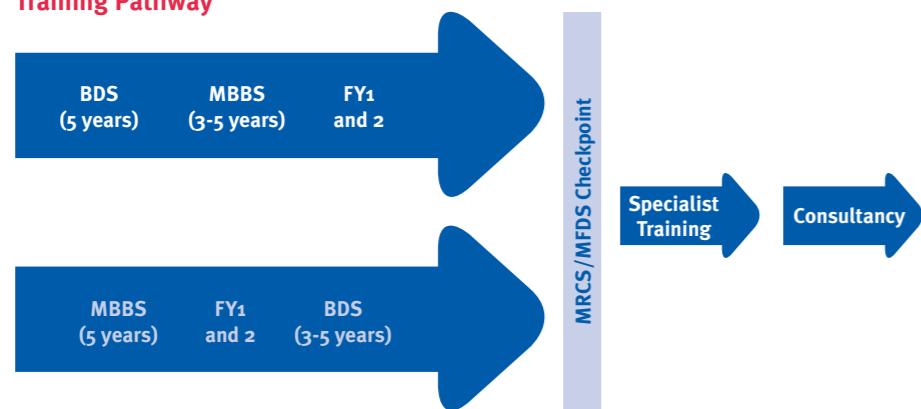
This highly specialised field involves the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck. Procedures range from minor to complex head and neck surgery on both hard and soft tissue, which requires nimble hands and in-depth knowledge of anatomy. Specialist areas include head and neck oncology, adult facial deformity, orthognathic surgery, cleft surgery and facial trauma management.

This speciality forms a multidisciplinary team with orthodontists, oncologists, neurosurgeons, plastic surgeons and ENT surgeons. One advantage is that the on-call commitment is low compared to other surgical specialties. Most time will be spent in clinics or operating, with the remaining time spent teaching or doing administration.

Am I suited to OMFS?

If you've been able to convince yourself that doing both medicine and dentistry at undergraduate level is even a remote possibility for you, you're already half way there! Add a pinch of hand-eye coordination and mental stamina, a dash of perseverance and excellent communication skills, and you have the recipe for an OMF surgeon. Finally, garnish it with a maxillofacial surgery placement as part of your foundation programme training. This will not only show

Training Pathway



Mr Henri Thuau
Consultant OM-F
Surgeon, Chelsea and
Westminster Hospital

Why did you choose your field?

I wanted to choose a surgical speciality, and the field of Oral and Maxillo-Facial surgery is challenging and exciting! It offers very complex anatomy and rich pathology, along with the fact that this surgery addresses aesthetics (the face) and function.

What did you have to do to enter this field?

I graduated in Dental Surgery and Medicine and then completed basic surgical and higher surgical training. I worked in the Craniofacial Surgery Unit in Zurich for four years before coming to the UK.

What do you do on a day-to-day basis?

I hold clinics, operating lists, and am involved in education as well as the management of the Secretariat of the European Association for Cranio-Maxillo-Facial Surgery.

What do you find the most challenging aspect of your job?

The constant need to learn, keep an open mind and give as much attention and care to my patients as I can, in spite of the ever-increasing administrative tasks.

How does your job fit into your home life?

I love my job, and there is no doubt it occupies a large part of my time. I try to find quality time for my family. This is not always easy.

Is there scope to explore other specialities whilst doing your job?

Indeed, there are many specialties involved in the Head and Neck (Neurosurgery, ENT, Plastic surgery, Ophthalmology etc), and in our Unit we all interact and work closely together. As a result we feel we learn, during our joint clinics, or when we operate together and so we progress, individually and as a working group.

Plastic Surgery



Dr Allan Ponniah
Plastic Surgery
Registrar, Chelsea and
Westminster Hospital

What has been the main highlight of your career?

Every day is a highlight, just being able to do what I do. Seeing the results and patient satisfaction after major surgery makes it all worthwhile.

What did you have to do to enter this field?

Get lots of clinical experience in Plastics and show academic interest. I did an MSc in Plastic Surgery, got publications, prizes and international presentations.

What do you find the most challenging aspect of your job?

Knowing when to stop, because it's so interesting.

How does your job fit into your home life?

I only work 48 hours a week because of the European working Time directive so there is plenty of time for home life.

Is there scope to explore other specialities whilst doing your job?

Plastics is a multidisciplinary speciality so you get to work with many different teams, including Occupational therapists and Physiotherapists.

If you weren't in medicine, what would you be?

I'd run my own company.

Who or what has inspired you along the way?

Plastic surgery Consultants and pioneers of plastic surgery.

What would be your worst idea of a job?

Something where you do the same thing everyday.

Why did you choose medicine?

The blend of science and humanity.

How do you want to be remembered in medicine?

As a pioneer in Plastic Surgery.

What are your goals as a doctor?

To positively impact as many people as possible.

Trauma and Orthopaedics

What's the difference between a carpenter and an Orthopaedic surgeon? A carpenter knows more than one antibiotic! During your time at medical school you will hear a number of jokes directed at the Orthopaedic team, but there is more to this speciality than just pointing fun at it!

Orthopaedics is a speciality that involves the treatment of disorders of the musculoskeletal system and this can be either in emergency or as an elective procedure. It's a great speciality for mixing the excitement of trauma (you will be part of a team that has to dart down to A&E if a road traffic accident is being blue-lighted in by ambulance) to significantly improving a patient's quality of life via replacing a worn hip or knee. This is a speciality worth investigating.

Being an Orthopaedic surgeon is not just about getting the 'Black and Decker' out and fixing bones. If you are good at conceptualising and enjoy the application of physics and not just biology, you might be suited to a successful career in this field. Your day-to-day work might involve outpatient's clinics, ward work and clearly, time in surgery.

There are several sub-specialties including upper limb, lower limb, hand, spinal, sport and oncological, with all specialities being involved in varying degrees of trauma surgery. The field is ever changing with ongoing research and the development of new treatments. With an ageing population, the speciality is increasingly providing solutions for mobility demands and improvement in quality of life. The field is very competitive with over 3,500 applicants for 150 ST3 training positions in 2008. Contrary to the popular belief that Orthopaedics is a male dominated field, there are an increasing number of female trainees.

Am I suited to orthopaedics?

If you enjoy using your diagnostic and surgical skills, a career in Orthopaedics might be just what you are looking for.

Advantages of orthopaedics are that it's a very practical and highly varied speciality, which produces real results and can be very rewarding. You will work as part of a team, as well as with other hospital departments. It's a dynamic speciality, with the opportunity for research. There's also potential for private practice for those who are interested.

The downsides of orthopaedics are that it's a highly competitive speciality at entry level. There are also demanding on-call rotas; even as a consultant! Not to mention all of those orthopod stereotypes...

TRAINING PATHWAY AND EXAMS

As with other surgical specialities, a place on a basic surgical rotation and completion of core surgical training (ST1 and 2), including passing the MRCS exam Part One is the first step to becoming an 'orthopod'. Trainees enter training at ST3 level with average completion of training within 5-6 years and completion of MRCS Part Two and FRCSOrth examination.



Mr Cenk Oguz
Specialist Registrar,
Chelsea and
Westminster Hospital

Why did you choose your field?

I was inspired by the surgery and improvement of patient quality of life — patients rarely die in Orthopaedic care.

What has been the main highlight of your career?

Passing exams and the rewarding surgery which eradicates patient pain.

What do you do on a day-to-day basis?

Daily trauma meeting starting at 7.45am then a ward round to see all our inpatients before 9am as theatre or clinic then begins. I get half day of research a week and every Wednesday from 1.30pm till 5pm is for trainee teaching.

What do you find the most challenging aspect of your job?

The continual pressure of regular appraisals, never getting enough time to prepare for exams and the stress of exit exams which are sat in the fifth year of training. At this point trainees are usually in their mid 30's and usually married with stresses of family life. Also you work with not knowing if you will get a job at the end of training period or even if it will be in the same city you trained in.

How does your job fit into your home life?

It is very difficult as I leave my wife alone at home with young children at least once a week to cover the on-call and also one entire weekend every month. This puts a lot of strain on your family life and when you get home after a full day of work after a night of on-call you are too tired to spend time with family.

Who or what has inspired you along the way?

My first clinical attachment in my third year of medical school was in Orthopaedics and the Consultants at Royal Free hospital in London were truly inspirational.

Urology

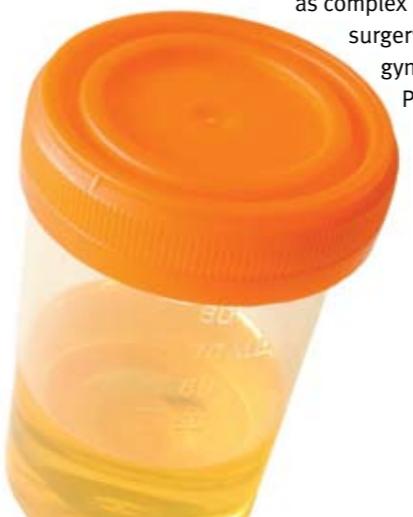
Not many people enter medical school thinking 'I want to be a Urologist', perhaps because not many people have actually heard of it before starting their clinical attachments.

Urology is a surprisingly expansive speciality with surgeons treating patients from their teenage years through to adulthood, who have diseases, trauma and malformations of the urogenital system. This includes diseases of the kidney, urinary tract stones, prostate, bladder, testicular and renal cancer, incontinence and erectile dysfunction. The speciality offers a good mix of benign diseases as well as oncology and some time is also spent managing chronic conditions, giving you a significant dose of medicine as well as surgery.

Although sometimes perceived as the soft surgical option, it's certainly not. Urology can be incredibly challenging, requiring a wide variety of personal, diagnostic and surgical skills. New technology is constantly being put into urological practice meaning the work is dynamic and surgeons are treated to a combination of endoscopic and major open surgery. This just describes the urologist's own cases, without mentioning that they are often called in to repair trauma to the GU tract during or after other surgeries.

Like all clinicians, Urologists work in a multidisciplinary team. As such, there are opportunities to practise outside conventional boundaries and cross-collaborate with colleagues in other departments as well as the opportunity to sub-specialise. Such cross-speciality work often includes gynaecological and colorectal surgeons.

Urological surgeons normally work across the speciality but some may choose to sub-specialise in a particular area such as complex pelvic surgery, Urogynaecology, Paediatric Urology,



Andrology (male sexual health), Endourology (kidney stones and cancer) and Laparoscopy and Robotics.

For some, the working hours are one of the major draws to Urology, with the possibility to practice so-called 'Office Urology'. This refers to work involving clinics and day-case procedures and involves a lot of endoscopic work and no open theatre cases.

Since there has been a recent expansion of the speciality with increasing emphasis on minimally invasive and laparoscopic surgery, Office Urology will continue to grow. Similarly, there have been significant advances in medical therapies for many urological conditions and such developments are likely to continue.

Urology on-call is not usually arduous and it is increasingly common to cross-cover with neighbouring hospitals in smaller units to reduce the on-call frequency.

Am I suited to urology?

Urology is a diverse speciality, and will appeal to those who are manually dexterous and have good hand-eye coordination. It may also appeal to those interested in using a range of surgical techniques. It's a speciality for those interested in managing a wide range of conditions both medically and surgically.

TRAINING PATHWAY AND EXAMS

After the foundation programme, trainees complete ST1-2 in either General Surgery or Surgery with a Urology theme. After this, training continues from ST3-8, however the precise number of years will vary depending on specialist interests.

MRCS Part A and B must be completed before entry to ST3 and FRCS(Urol) is required before becoming a consultant.

● In 2007; two applicants per post for CT (surgery with Urology theme). 18 applicants per post at ST3



Mr Erik Mayer
Clinical Lecturer in
Surgery and Specialist
Registrar in Urology,
Imperial College London

Why did you choose your field?

It's a combination of minimally invasive surgery, open surgery and medical urology with a wide spectrum of patients. Urology is at the forefront of medical and surgical innovation, something that very much interests me.

What has been the main highlight of your career?

I think it's still to come, but undoubtedly getting my National Training Number (NTN) in and then my Lectureship in Surgery was a good feeling.

What do you find the most challenging aspect of your job?

Combining clinical and academic work. The pressures of clinical work mean that it can be difficult to fulfil as many academic commitments as I would like, but patients must come first.

How does your job fit into your home life?

Obtaining a work life balance can be difficult, but I still manage to spend time with my wife and children.

Do you have any funny tales from your days as a trainee?

Being an Urologist, they're all far too rude to publish!

Who or what has inspired you along the way?

Justin Vale in Urology and Lord Ara Darzi for Academic Surgery.

Why did you choose medicine?

Initially I was interested in veterinary science as my father was a vet and I operated with him as a teenager, however I found humans more interesting than animals!

How do you want to be remembered in medicine?

As an honest chap and a good pair of surgical hands.

What are your goals as a doctor?

To become a Professor of Urology with a specialist interest in Urological Oncology.

Vascular Surgery

Traditionally a branch of General Surgery, Vascular Surgery has emerged in recent times as a speciality in its own right. With its unique combination of open, laparoscopic and now, endoluminal techniques, it is increasingly featured amongst the most popular career choices for budding surgeons.

The work of a Vascular Surgeon is aptly divided into three branches; arterial, venous and lymphatic surgery. The arterial branch is largest with atherosclerotic disease often dominating the caseload. Venous and lymphatic surgery, not including varicose vein surgery, is only carried out at specialist centres.

Disease processes affecting the vasculature are often systemic in nature, which means that the care of Vascular Surgery patients often involves a multi-speciality approach, including Neurology, Cardiology, Respiratory Medicine, Endocrinology and Renal Medicine.

Even for those not yet convinced that Vascular Surgery is the career for them, a FY1/2 post in this field allows one to learn essential skills, including the dreaded fluid balance, principles of anticoagulation and pre and postoperative care.



Mr Saroj K Das
Consultant Vascular
Surgeon, The Hillingdon
Hospital

What has been the main highlight of your career?

The high rate of amputation from vascular disease in diabetics was something that always distressed me. In 2001, I performed the first case of free omental transplant in a patient with Type one diabetes. The operation received extensive national and international coverage in the media including a documentary produced by BBC's Tomorrow's World and the Discovery Channel. The operation was successful; the patient is alive today with his legs intact.

Do you have any career-related regrets?

None. Despite the unprecedented changes that have engulfed the NHS, the medical profession continues to receive the support and appreciation of the public that it serves — and I feel proud to belong to that club. To me no other profession today is as true a testament of the quality of an individual's honesty and altruism as medicine.

How does your job fit into your home life?

My professional life has always seemed to take precedence over my home life. Having been trained in India, it has always been a struggle to compete and to justify my role that has often involved tremendous personal sacrifices.

Why did you choose medicine?
It would be unfair to say that I, alone, chose medicine as my career; much of the credit indeed should go to my father. Having been encouraged to choose this path, I have remained loyal to my discipline. In fact I have had no regrets and I have enjoyed every moment of it.

Who or what has inspired you along the way?

I have been greatly inspired by Michael Debakey, the famous Cardiovascular Surgeon from Texas, who unfortunately died in 2007.

Vascular Surgery is a challenging speciality; the patients are often very unwell and the operations high-risk, not to mention the long hours and need for continually developing skills. Despite this, Vascular Surgery has maintained its position amongst the most popular of career choices. It is a speciality that operates with evidence-base at its forefront, thus offering ample opportunity for research, especially in the fast-advancing field of Endoluminal Surgery. Becoming a Vascular Surgeon will require hard work and determination but the excellent results and patient satisfaction are, in this author's view, worth the effort.

Am I suited to vascular surgery?

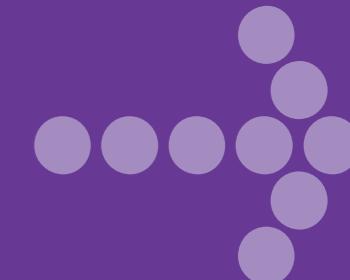
As with all surgical specialities, a high academic standard is expected of all candidates. Combine this with good communication skills and the ability to work in a team and you have the makings of a Vascular Surgeon.

TRAINING PATHWAY AND EXAMS

After the foundation years candidates must complete Core Surgical Training in ST1 and 2 and then apply for General Surgery posts. The first three to four years of speciality training are spent in General Surgical training and the last two to three years in specific Vascular Surgery training. Most Specialist Registrars train further, perhaps undertaking a Vascular Surgery fellowship, before applying for consultancy. There are also options for training abroad.

- **10-25 per cent of over 55 year olds have peripheral vascular disease**
- **70 per cent of non-traumatic limb amputations are diabetes-related**
- **The minimum length of specialist training in vascular surgery in the UK is eight years**

Specialities



Academic Medicine

A career in academic medicine was once the preserve of a very select group of students; usually the ones who spent more time getting to know their immunoassays than their peers. Times have changed, and the field is becoming an increasingly mainstream and formalised training scheme with endless scope... so probably about time to dust off those petri dishes.

Academic Medicine can really form a part of any other speciality, so the work is extremely varied — an average day is the difference between inoculating cultures to performing a literature review or carrying out a pilot MRI study. Entry is usually via either the Academic Foundation Programme (ACP) or into an Academic Clinical Fellowship (ACF) position. The first allows dedicated time for research very early in your career, compared to the ACF, which is usually undertaken at the time of Speciality Training (having completed a normal foundation programme).

The ACP provides a good opportunity to familiarise yourself with the environment and workload — which is likely to be heavy. While the positions are formally nine to five, you may often find yourself staying later if required. The limited number of training posts means that competition is strong; coupled with the early application process (before other foundation jobs are allocated), the academic route is not for the disorganised or poorly motivated.

Still, if you are willing to put in the work, it can be an extremely rewarding option — marrying the ‘art’ of clinical practice with the ‘science’ of research that so many of us mentioned in our applications to medical school. Research interests are pursued alongside clinical practice or a teaching position in any field that offers an academic post, so the variety offered really is unique.

Am I suited to academic medicine?

For the ACP, motivation is key — although you will be allocated a supervisor and ‘mentor’, four months is not a lot of time in research, particularly as a Foundation Doctor. Projects have to be well thought out (with realistic goals) and often self-initiated. Organisation is just as important — not only do you need to get all of your application paraphernalia sorted earlier than everyone

else, you will have four months less as an FY2 to work on your clinical competencies, so you had better be on the ball. An enquiring mind is also vital — this almost goes without saying. If you do gain a place on an ACP, you will be in the enviable position of not only being able to largely direct your own areas of enquiry, but look at conditions both from a molecular and a scientific angle.

TRAINING PATHWAY AND EXAMS

This can be a little confusing. The pathway is now formalised, which essentially means that there are two defined entry points: Academic Foundation Programme (ACP) and the Academic Clinical Fellowship (ACF).

The structure of the ACP is similar to other foundation programmes, but ACP differs with four months protected research time. This is normally taken at the end of FY2 year. The research undertaken often relates to earlier FY2 rotations so research carefully.

Following this, all ACP doctors can apply for an Academic Clinical Fellowship (ACF), along with any other normal foundation doctor, or indeed up to ST3-4. The ACF is roughly equivalent to early speciality training — clinical work and specialisation is undertaken alongside research activity (roughly 25 per cent of the time), for two to three years. The Doctor is then expected to undertake a PhD/MD during the training fellowship (also continuing with a small amount of clinical work) for a further two to three years.

Finally, the trainee can take membership exams for their desired speciality, and apply for a position as a Clinical Lecturer, or alternatively return to the general pathway as a Consultant in their speciality. The underlying message to take from all of this is that there are multiple entry and exit points for the academic route. Indeed, these should be viewed as an opportunity to sample the field.



Dr Ruvandhi Nathavitharana
Academic FY2,
Infectious diseases
(microbiology),
St Mary's Hospital (2008-09)

Why did you choose to do academic foundation?

I was interested in a career involving research (but not on its own) for a while. It gives variety and keeps you intellectually stimulated.

What do you wish you knew before applying?

The foundation involves doing projects that are self-initiated (not set up and structured like a BSc), which can make it difficult to achieve everything you want in four months. It can, however be interesting to see the entire research process, e.g. from the ethics proposal onwards.

Most challenging aspect?

The balance between clinical and academic duties, and achieving goals in limited time. But it is important to learn about this balance and remember you're not going to publish a major paper in four months.

What will you do next year?

Most people go on to the ACF (Academic Clinical Fellowship). I'm going to do a Masters in Public Health in the US because I'm also interested in global health.

Do you have to continue with the field of research you do in the academic foundation training?
I don't think so — because the remit of the academic programme is just to give you a taste, e.g. you could do Nephrology then Respiratory. If you know what you want to do it's great to tie everything together, but it's more about skills you get from it.

What speciality did you want to do when you were at medical school?

Infectious diseases — I was involved in Medsin too for global health, so I wanted a niche to combine the two.

What are your goals?

To successfully combine clinical practice and research.

Anaesthetics and Critical Care



Dr Peter Williamson
ST2, Core Anaesthetics
Trainee, Chelsea and
Westminster Hospital

Why did you choose your field?

Officially? Because, “Anaesthetics is an elegant combination of basic science, physiology, pharmacology, medicine and surgery, where you learn highly applicable hands-on practical skills in an arena where you are well supported by your seniors”. Which is all true and probably what you should tell any interviewers.

Unofficially? You get to wear scrubs. Theatres are a really fun place to work (once the patient is under and the music's on). Very high job satisfaction. For the first three months you are a ‘novice’ with no on-calls, weekends or nights. Lots of fun gadgets. Your duties are very well defined, so you don't end up dealing with nonsense.

What has been the main highlight of your career?

It has to be a classic moment shortly after I was first given a license to administer a general anaesthetic unsupervised. A patient woke up in recovery having just had some fairly major surgery for a nasty case of appendicitis and asked me, “When are you going to start?”. I grinned like an idiot for days.

Why did you choose medicine?
It's really quite hard to remember. My parents didn't buy me a Fisher-Price anaesthetic machine when I was four or anything. I recall enjoying A-level Biology, going on to do some theatre HCA work-experience and thinking that medical school would be a good idea. I was quite lucky in retrospect.

If you weren't in medicine, what would you be?

I think the short answer is ‘in trouble’. I've been completely indoctrinated and absorbed into the system — I now can't imagine myself doing anything else.

Emergency Medicine (EM)

Emergency Medicine (EM) is front line hospital medicine. Traditionally, those practicing EM have been seen as 'specialised generalists'. They literally deal with whatever steps through the door — from victims of the Paddington rail disaster to a distressed, wheezing child.

Increasingly, emergency physicians are sub-specialising to offer expertise within particular areas, such as Paediatrics, poisons and life threatening emergencies.

Patients are often presenting for the first time, so accurate diagnosis and appropriate treatment under time pressure can literally be a matter of life and death. This is not the option for those that want an easy life and value their nine to five routine.

EM departments are target driven now and anyone who has worked or stepped foot into an EM department will know about the four hour waiting time targets. That aside, the primary aim is to prioritise patients and stabilise those in a critical condition. Those needing longer term treatment are admitted by the relevant team, whilst those who are not are either followed up as outpatients or by their GP.

For those undecided about a career in medicine vs. surgery, EM provides an opportunity to marry critical medical knowledge with hands-on practical procedures, such as airway management and inserting chest drains.

If you want to come home from work and genuinely say "I saved a few lives today" then this is the speciality for you.



Dr Jacqui O'Keeffe
Registrar in Emergency Medicine, St Mary's Hospital

Am I suited to emergency medicine?

Can you keep as cool as a cucumber under pressure, be super organised and enjoy working as part of a team? This may be the speciality for you! You must get a buzz out of dealing with acute situations but also have the patience to deal with the mundane too. Some patients just do not understand the true definition of 'Accident and Emergency'!

If you like getting to know your patients, want to do lots of private work and hate shift work, this might not be the job for you. Back to the drawing board perhaps?

TRAINING PATHWAY AND EXAMS

After the foundation years applicants must complete three years of Core Training (CT). Initial entry is via the Acute Care Common Stem (ACCS); this consists of a year of EM then a year of Anaesthetics and Intensive Care Medicine. This is followed by a year of Core Speciality Training in CT3 in which competency is gained in Paediatric as well as Trauma EM. ST4-6 is spent studying pure EM. To achieve CCT in EM trainees must take the 'Membership Examination of the Royal College of Emergency Medicine' (MCEM) Parts A, B and C and in addition to this the 'Fellowship Examination of the College of Emergency Medicine' (FECM).

Part A of the MCEM must be completed before entry to CT3 and Parts B and C before entry to ST4. Trainees must complete the FECM in ST6 before Certificate of Completion of Training (CCT) is achieved and Consultant posts can be applied for.

Why did you choose your field?
I liked the variety; everyday you are presented with cases from many different disciplines. I previously worked as an SHO in Maxillary-Facial Surgery but found the subject too specialised. I also enjoy the acute nature of my work.

What has been the main highlight of your career?
Thinking about the patients whose lives I've saved. I can think of four particularly memorable examples, one of which was a Doctor, and receiving their thanks afterwards makes this an unbeatable job.

What did you have to do to enter this field?
I did a combination of General Medicine, Emergency Medicine and Intensive Care throughout my earlier training.

Is there anything that you wish you knew then, that you know now?

No not really. I know commonly people are deterred from EM by the prospect of unsociable hours throughout their career, but I was fully aware of this and think Consultants from other specialities will increasingly do more night shifts.

How does your job fit into your home life?

With good time management a career in EM doesn't need to infringe on your home life. In fact some of my colleagues have had their social lives enhanced by their jobs, for instance I have a friend who is the England Women's Rugby team Doctor.

Who or what has inspired you along the way?

I've been lucky to work with many good doctors that have helped and encouraged me, but I find patients' appreciation the greatest inspiration.

What do you do on a day-to-day basis?

It is immensely variable; it just depends on who walks through the door.



Epidemiology and Public Health



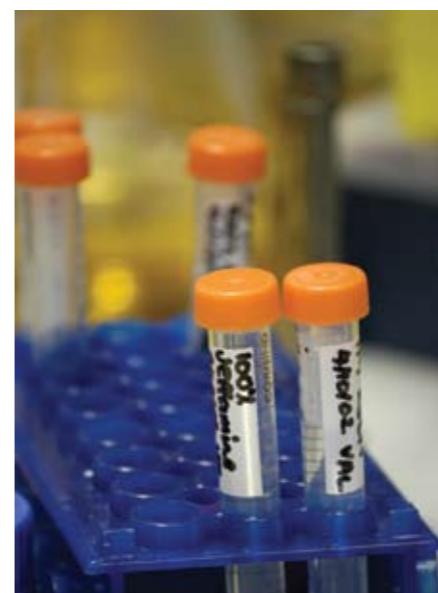
Professor Paolo Vineis
Chair in Environmental Epidemiology, St Mary's Campus

Epidemiology and Public Health is the refuge of utilitarianism, whereby a great deal of good can be done to a great many. Throughout medical school this field may not feature beyond providing a useful hint in exams by stating a patient's ethnicity, age or sex. However, it is a key field of medicine, with a great global impact. In this speciality the world really is your oyster.

In many cases, Epidemiology provides an interface between medicine and health policy as it can illustrate how best the NHS distributes money and resources or how the whole world can deal with infection outbreaks. It can also be a springboard to a political role with governmental and non-governmental organisations or local policy makers. A career in Epidemiology and Public Health doesn't need to stop at medicine and may delve into other areas of science, most topically climate change.

The average day for an Epidemiologist is varied but may involve organising and the running of ongoing projects, analysing of data and teaching. However, it doesn't need to be the end of hospital medicine and patient contact, as many Epidemiologists run clinics and get their hands stuck into day-to-day hospital practice.

A good example of Epidemiology in practice is shown by the reduction in cervical cancer across Europe over the past 60 years. Initially, it was noted that nuns were very unlikely to get this cancer, with one paper from the 1950's showing not a single nun in a 13,000 strong cohort developed the disease. This epidemiological association helped to show that sex was involved in its pathogenesis.



Later epidemiological research showed the value of screening women of an appropriate age and has proved a vital weapon in fighting the problem. Now in 2009, many years after the initial link between sex and cervical cancer, a vaccine is being introduced to teenage girls to prevent the transmission of the causative virus.

Am I suited to epidemiology and public health?

If you are interested in the global impact of disease and the 'bigger picture' but also like to be involved in Academic Medicine, this might be for you. It's a varied career for those with an inquisitive mind. If you love patient contact and hate travelling, you might want to re-think.

TRAINING PATHWAY AND EXAMS

Training for Epidemiology and Public Health is divided into three phases from ST1-5. In order to become a member of the Faculty of Public Health, trainees must pass the MFPH Part A and Part B/OSPHE (Objective Structured Public Health Examination).

MFPH Part A is usually taken at ST2 and MFPH Part B/OSPHE is usually taken at ST3.

● In 2008 there were 410 applicants for 70 jobs a ratio of 1:6

● The number of Consultant post is increasingly very rapidly, suggesting it to be a growing field for the future

● Average age of a practicing Consultant is between 40-44 years old

Why did you choose your field?

When I was growing up in a community outside Turin, a considerable number of people died of bladder cancer. I was subsequently involved in research that showed this was due to occupational exposure to carcinogens in one of the local factories. From this point onwards I had a great interest in the causes of cancers.

What did you have to do to enter this field?

It was easier when I started out. Currently, to be a researcher in Epidemiology a Masters degree is essential and to be a lecturer a PhD in Epidemiology and Public Health is required.

What do you do on a day-to-day basis?

I coordinate a number of research projects on a daily basis. At present I am involved in three particular project areas; the dietary effect of cancer, the effect of global warming in Bangladesh and some investigations in genomics and other omics.

What do you find the most challenging aspect of your job?

A lot of my job involves coordination, which can be very tiring. But the most intellectually challenging area is the interpretation of data and assessing causality.

Do you have any career-related regrets?

No not at all, I love my job. Epidemiology is broad enough to have many fields to stimulate me.

If you weren't in medicine, what would you be?

That is a tough one, I originally thought I'd be a philosopher or a psychiatrist, but I think I need a more hands-on career.

How do you want to be remembered in medicine?

I would like to be known for one big discovery, particular in the field of cancer.

General Practice

According to the Royal College of General Practitioners (RCGP); "your life as a GP is limited only by your imagination and energy!" On a typical day a GP sees 30 to 40 patients, goes on home visits, corresponds with hospital doctors and liaises with other members of the multidisciplinary team (MDT). However, this is by no means it.

The term General Practitioner (GP) was first used in the early nineteenth century in reference to apothecaries who took the Royal College of Surgeons membership examination. By the end of the nineteenth century the role of the modern day GP had evolved to include managing conditions in the community, promoting health and referring patients from general to specialist care. In recent years, there have been a multitude of changes within general practice with regards to contracts, pay and the expanding role of GP's. The majority of these changes have made this career even more attractive!

GP's can now develop Special Interests and study to become a GPwSI. What does this mean, I hear you ask?! A GPwSI is a GP with a special interest; they are referred complex patients with problems related to their speciality from within the practice but also the surrounding area. Some even work part-time as clinical assistants to a Consultant clinic in the hospital. So, what can you chose to specialise in? Currently, GP's have the option to develop special interests in one of 16 fields; care for older people, child protection, coronary heart disease, dermatology, diabetes, drug misuse, echocardiography, emergency care, ENT, epilepsy, headaches, mental health, musculoskeletal, palliative care, respiratory medicine and sexual health.

In addition to becoming a GPwSI there are many other career pathways to consider. Perhaps you fancy the challenge of working as a GP with the media, police service, armed forces or prison service? Or would you like to dedicate part of your time to medical education, research or clinical management? The world really is your oyster!

In April 2004, the General Medical Services (GMS) contract was introduced, giving GP's much greater flexibility. Under this contract, GP's have the ability to opt out of doing certain working hours and to be paid in line with the services

they provide and targets met by the practice. This new contract caused huge controversy mainly sparked by



the press and you may remember headlines such as; "GP's earn up to £250,000 a year." Unfortunately or fortunately depending on what career path you are planning, any GP worth questioning verifies that this is certainly not true! However, there is little doubt that not only the new contract but also the diversity of a career in General Practice is attractive both from a career but also family-life point of view.

Am I suited to general practice?

GP's generally have a broad interest in medicine and this shouldn't just be signs and symptoms. A good GP is interested in the social and psychological aspects of disease. Working as a GP is about working in a team and being good at timekeeping. Being a GP is a wonderful speciality for any of the business minded at medical school. After all, running a practice is more akin to running a small business, with some GP's even doing MBA's to improve their business management skills. A good GP knows his or her limits too and will need to keep their wits about them when deciding when is best to refer to secondary care and when is not.

TRAINING PATHWAY AND EXAMS

Following completion of FY1/2, applicants wanting to pursue a career in General Practice can enter the GP vocational training scheme (GP VTS). Applicants should apply to the National Recruitment Office for GP training in their FY2 year. The application process is competitive and consists of three stages;

1. An online application
2. A written applied knowledge and situational judgement test which is used to short list candidates
3. An assessment centre process.

The training scheme consists of three years (ST1-3), usually consisting of 24 months training in a hospital setting working in specialities such as obstetrics and gynaecology, paediatrics, geriatrics, psychiatry and A+E. In the final 12-18 months of the training program at least 12 months will be spent working in a general practice setting as a GP registrar.

However, following the Tooke report on Modernising Medical Careers in 2008, it was recommended that GP training be increased from a minimum of three years to five years. In fact, the RCGP is currently undertaking a review of GP training as this article goes to print. If such a change were to be introduced it would be implemented in 2011. Watch this space!

Upon completion of ST3, GP trainees have to sit the MRCGP exam (Members of the Royal College of General Practitioners) which consists of three basic components:

1. AKT — Applied Knowledge Test
2. CSA — Clinical Skills Assessment
3. WPBA — Workplace Based Assessment

Once all areas have been successfully completed the PMETB (Postgraduate Medical Education Training Board) will issue you with a Certificate of Completion of Training (CCT). This will allow you to register with the GMC and to practice as a GP.

Training Pathway

Foundation Programme	ST1			ST2		ST3	
Option 1	F1	F2	Sp1	Sp2	Sp3	JTP	GP
Option 2	F1	F2	ITP			ITP	GP
Option 3	F1	F2	GP		Sp1	Sp2	Sp3/4
Option 4	F1	F2	Sp1	Sp2	Sp3	Sp4	GP
Option 5	F1	F2	GP	Sp1	Sp2	GP	ITP

F1 First year of foundation programme

F2 Second year of foundation programme

Sp Hospital speciality post

ITP Innovative training post

GP GP post



Dr Sara Khan
ST2, General Practice Vocational Training Scheme (GP VTS), London Deanery

Why did you choose your field?

One of the reasons I wanted to be a doctor was to become a GP at the end of the long training. My father is one of my greatest inspirations and has managed an excellent work life-balance as a GP working in Hertfordshire for the last 30 years. I am interested by people and think that the continuity of care that one can achieve working as a GP whilst getting to know the patient over a long period of time is very fulfilling.

What has been the main highlight of your career?

My F2 year in Sydney, Australia. The challenges subsequent to this move were immense — but it was amazing for both personal and professional development. I was lucky that North West Thames Foundation School allowed me to have a year abroad and recognised it as part of my training.

What did you have to do to enter this field?

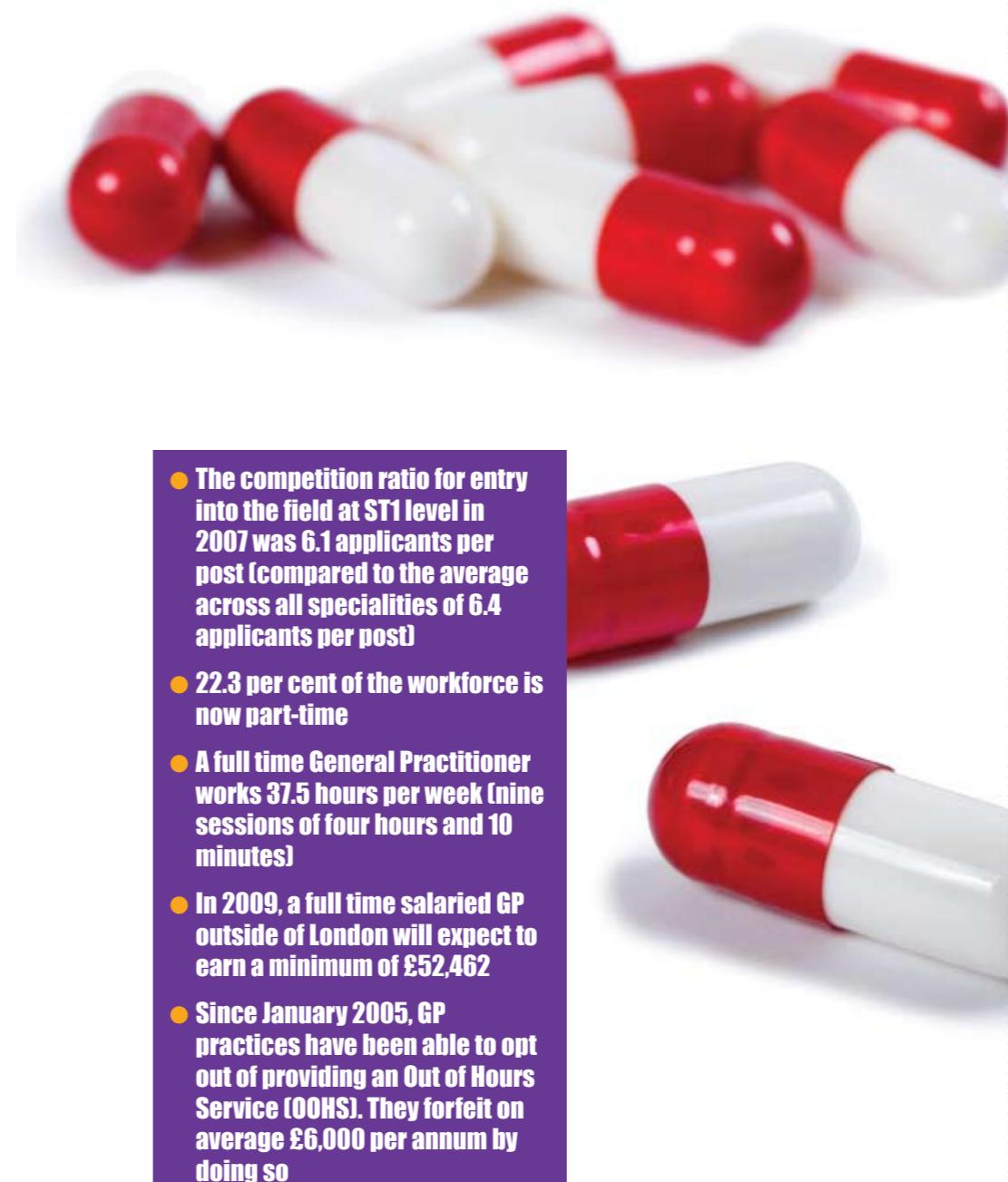
An exam; which led to the opportunity of being considered further by attending a 'Selection Centre Day'. There was no formal interview, and my CV was not a part of the process at any point (much to my dismay!).

How does your job fit into your home life?

It fits very well — one of the most appealing things about General Practice is the sociable hours and lack of on-calls. It's also easy to work part-time which I think will be important to me in the future.

Is there scope to explore other specialities whilst doing your job?

Lots. As a GP you can have an interest in any speciality. There are many diplomas that one can do in other specialities — I recently completed my DRCOG which is a Diploma in Obstetrics and Gynaecology.



Obstetrics and Gynaecology

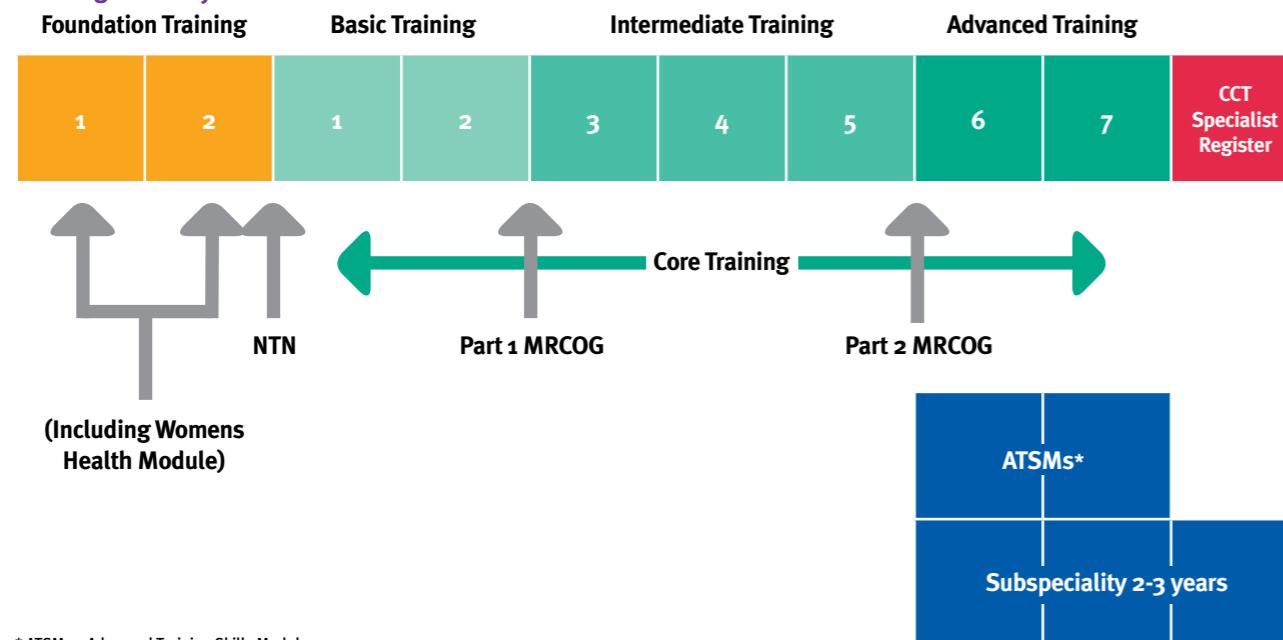
In Obstetrics, you get two patients for the price of one as you have a unique responsibility to both the mother and her unborn child, as well as taking into consideration the impact on the rest of the family. Gynaecology is naturally dedicated to the health of women of all ages — from periods to prolapses and everything in between, the work and approach to your patients is challenging and varied.

Obstetrics and Gynaecology (O&G) is frequently described as the perfect mixture of medicine and surgery, so for those of you who love being in theatre but can't quite let go of medicine this may be the speciality for you!

Whatever you happen to be interested in, O&G will have something to offer you. Most Consultants have a varied workload in both Obstetrics and Gynaecology, but there is also ample opportunity to specialise in a particular area of interest. Potential fields range from; Maternal and Fetal Medicine, Urogynaecology and Gynaecological Oncology to Reproductive Medicine, Sexual Health and Medical Education. In addition, there are opportunities to do some medical research and pursue a career in Academic Medicine.

As a junior member of the team, no two days are the same as you spend time in clinics of all types, in theatre, on the labour ward and on-call so you won't have the opportunity to get bored! As another bonus, there are loads of hands-on practical procedures to get stuck into in all areas of O&G. Unlike other surgical specialities, you get to carry out many procedures such as Caesarean sections, hysteroscopy, ERPC's and ultrasound scanning from the beginning of your ST training (under supervision, of course!).

Training Pathway



* ATSMs – Advanced Training Skills Modules

No matter what you decide to do, it is an incredibly diverse, challenging and exciting speciality that is also hugely rewarding — not many people get to be a part of major life events on a daily basis!

Am I suited to obstetrics and gynaecology?

Staying cool and collected in pressurised situations is essential. You also must be an excellent team player with good leadership skills and excellent manual dexterity. Physical and mental stamina will get you a long way too as this is a speciality full of on-calls and nights.

TRAINING PATHWAY AND EXAMS

During foundation training (F1 and F2) trainees interested in O&G are encouraged to choose a foundation programme that includes a 'Women's Health' module. However, this is not essential to progress to Speciality Training as it is recognised that there are a limited number of jobs available in O&G at F1 and F2 level.

Speciality Training is divided into three parts; basic training (ST1-2), intermediate training (ST3-5), advanced training (ST6-7).

A minority of trainees will apply to a three year subspecialty training programme in one of the following disciplines instead of the usual ST6-7 years; Gynaecological Oncology, Maternal and Fetal Medicine, Reproductive Medicine, Sexual and Reproductive Health and Urogynaecology.

The exams required in this field are MRCOG Part One and Part Two. MRCOG Part One must be taken before progression from ST2-3 whilst MRCOG Part Two must be taken before progression from ST5-6. Unlike other specialities, there is no final 'exit' exam before CCT.

- From 2002 to 2006 the number of full-time Consultants in O&G in England increased by 17.7 per cent, 6 per cent less than the average expansion across all specialties in medicine
- There are around 150,000 babies born by Caesarean section each year in the UK
- In 2007, there was a competition ratio of 1.8 people per post if O&G was their first choice



Dr Iram Afshan
ST1, Obstetrics and Gynaecology, West Middlesex Hospital

Main highlight of your career?

So far, I think the highlight is getting an ST1 job in North West Thames after lots of people telling me I didn't have a chance!

Why did you choose that field?

I really enjoyed O&G at medical school, and after I qualified I was attracted to the speciality because it mainly involves healthy patients.

What did you have to do to enter this field?

At medical school I did a research project in O&G and as an F1 I did an O&G rotation and did a research project as well as an audit in pre-eclampsia. I also attended regional teaching and meetings and attended the Basic Surgical Skills course and Careers Day held by the Royal College of Obstetricians and Gynaecologists.

Any advice you wish you knew then that you know now?

Take the MRCOG Part One exam as soon as you can after you graduate! It is very science based so you'll have a much better chance of passing it then.

What do you find the most challenging aspect of your job?

Trying to explain difficult concepts such as miscarriage to patients who are very emotionally vulnerable.

How does it fit into your home life?

At the moment, it doesn't really affect me as most of my friends are also doing long days and night shifts. However, looking around at the Registrars and Consultants who have families, I'm very aware that things are not always going to be easy.

If you weren't in medicine what would you be?

The editor of Vogue!

What would be your worse idea of a job?

Being the Medical Registrar on call.



Other specialities

A wise man once said, "What's common is common", therefore we have focussed so far on the more traditional specialities. However, medicine is a vast subject and there are an enormous number of fields that you may not have heard of or dreamed existed, so here is a flavour of what else is on offer.

Expedition Medicine

Expedition Medicine is one of the most fascinating realms of medicine and can provide an extra dimension to life as a doctor. It is extremely rare to earn a living as an expedition doctor but such 'jobs' can provide opportunities to travel and explore the world and its amazing hostile environments. From youth groups such as Raleigh International and BSES (British Schools Exploring Society) to the Xtreme Everest high altitude research and commercial expedition companies, more and more people of all ages are involved in adventurous travel. As a result, Expedition Medicine is an increasingly recognised speciality.

Expedition Medicine encompasses skills learned from primary and pre-hospital care as well as hospital specialities and puts them into practice in remote areas. Individuals need to be happy to work in difficult environments, often as the only medical professional, and with help many hours (or days) away. You must also be able to live in close quarters with a variety of others and most importantly be part of a team.

Minimal postgraduate experience would include some time in A&E. Attitude and enthusiasm count for a lot, as do non-medical skills. For example, a climbing expedition will want someone who is a highly competent climber first and a doctor second. If you can act as a trekking guide too, you would be very useful. So, make the most of your time as a student and all the clubs at your disposal and go trekking/climbing/sailing/cycling/diving/ and learn to navigate or do a Mountain Leader course.

Useful postgraduate courses for Expedition Medicine:

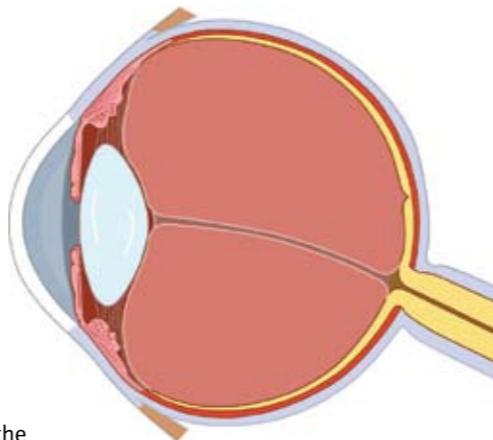
Diploma of Tropical Medicine
Liverpool: www.liv.ac.uk/lstm
London: www.lshtm.ac.uk

Expedition Medicine courses UK, Polar, Jungle, Desert and Diving
www.expeditionmedicine.co.uk

Basics Pre-hospital trauma care course
www.basics.org

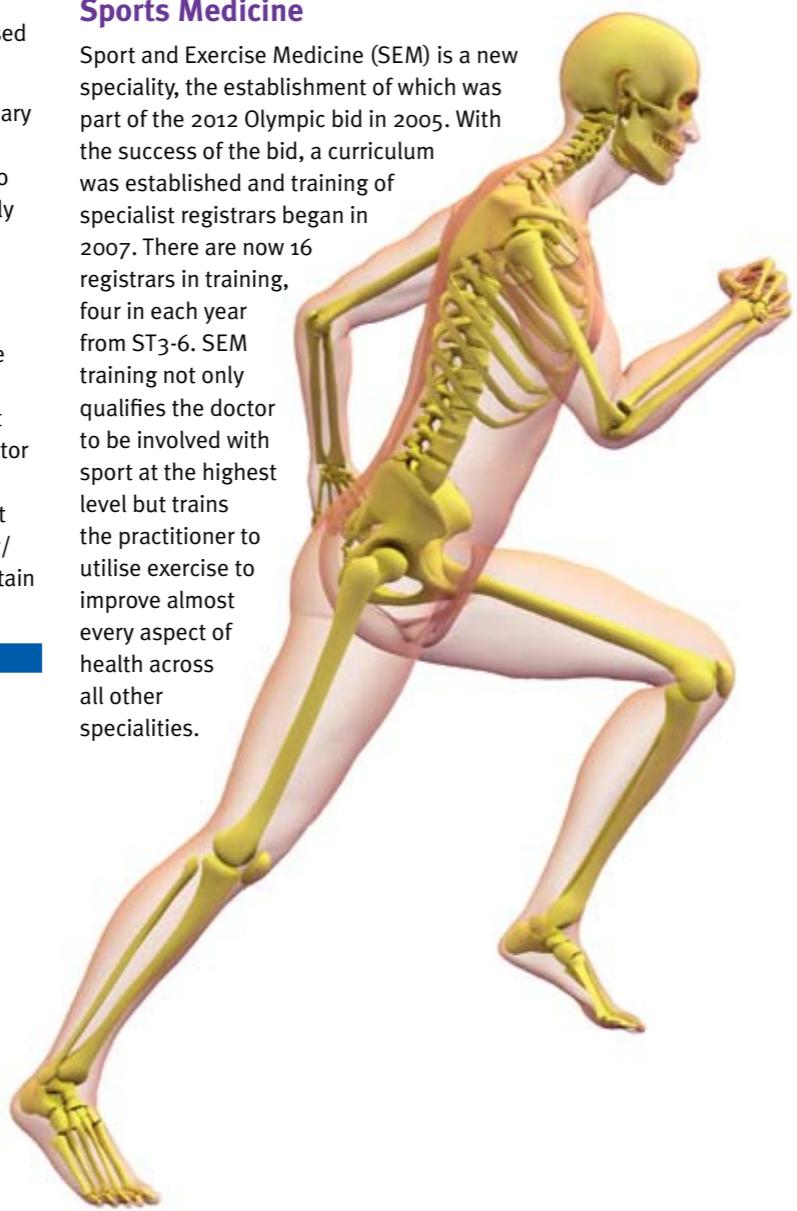
Ophthalmology

Ophthalmologists diagnose and treat diseases of the eye, the surrounding structures (the extraocular muscles, the orbital structures and the lacrimal system) and the visual pathways. They practice both as physicians and surgeons and work in a multidisciplinary team with a substantial variety of machines to magnify and analyse the small, transparent, delicate and complex ocular structures. The speciality has been graced with a plethora of recent technological, surgical and therapeutic innovations making Ophthalmology a very exciting field to be involved in. The best way to see whether this is a career you may be interested in is to spend some time in an eye department either during a Specialist Study Module or elective, or as a FY2.



Sports Medicine

Sport and Exercise Medicine (SEM) is a new speciality, the establishment of which was part of the 2012 Olympic bid in 2005. With the success of the bid, a curriculum was established and training of specialist registrars began in 2007. There are now 16 registrars in training, four in each year from ST3-6. SEM training not only qualifies the doctor to be involved with sport at the highest level but trains the practitioner to utilise exercise to improve almost every aspect of health across all other specialities.



Paediatrics

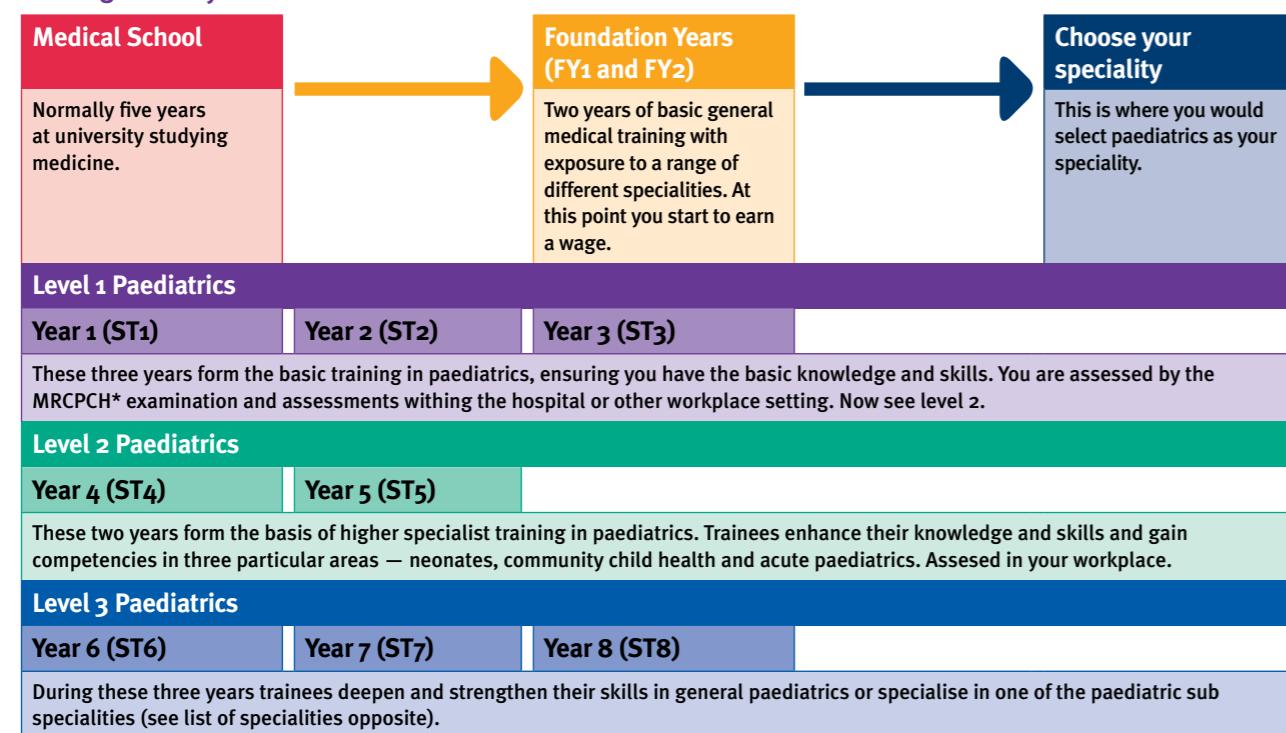
Paediatrics is not just big medicine for little people! It's an exciting, challenging and constantly evolving speciality which is one of the few that enables you to remain a true general physician. Paediatricians care for children from birth through to adulthood and work in a variety of settings from high-tech paediatric and neonatal intensive care to the community management of children with disabilities.

Most Paediatricians remain General Physicians; however, there are ample opportunities to develop specialist skills in areas such as epilepsy, child development or public health.

Paediatricians need to be excellent communicators, not only with children but with the family of children, their GP, schools and others involved in their care. You must be able to not only communicate with a child but play with them too. It really is a skill to be able to put them at ease within minutes of meeting them. That goes for the parents too. They will probably be more nervous than their child. Some will be very emotional and it's your job to stay calm and be sensitive.

A holistic approach is required which focuses on the child within a family unit in an attempt to reduce the effect of illness on their daily life and general development. The multidisciplinary team is crucial and an ability to work as part of an extended team is essential.

Training Pathway



* Membership exam for the Royal College of Paediatrics and Child Health.

Paediatrics is a hugely rewarding career and a good sense of humour is a must. What other speciality are you told by a child that they want to be a hamster vicar when they grow up?!

Issues within paediatrics such as child protection can be challenging, but overall paediatrics is a hugely satisfying and rewarding speciality with fantastic opportunities for a career full of variety.

Am I suited to paediatrics?

Despite paediatrics being one of the most popular future specialties by new medical students, not all graduates are suited to this demanding career. To become a top-notch hospital Paediatrician, compassion and an understanding of children and young people is essential. Due to the nature of the speciality, excellent communication skills are the key to success. The ability to talk to children at their level but also transmit information to parents, General Practitioners and possibly school and social workers is essential in the management of sick children. Equally, children do not work to a timetable so the doctor must be approachable, patient and above all have a sense of humour!

Paediatrics can be an emotionally draining speciality and certain circumstances, such as child protection cases, can raise some difficult issues. However, it's an extremely varied field and one of the few specialties which enable a doctor to remain as a true generalist. Most importantly of all however, is that working with children and their families through such an important stage of their development can give great job satisfaction and be hugely rewarding.



Dr Louise Budd
ST1, The Conquest Hospital, Hastings

Why did you choose that field?

I enjoy working with children and their families. I find the challenges children can pose exceptionally rewarding. Paediatrics is such a varied field – you really are a true generalist. There is also the opportunity to do a Masters degree either in a subject not directly linked to child health or combining something like education with child health. Most importantly you can fit in some travelling during your training – the RCPCH has a fellowship with VSO or there are plenty of other opportunities...should keep my itchy feet satisfied!

What did you have to do to enter this field?

You do not necessarily need to have done a Paediatric job during your foundation years. However, you need to show that you have explored what a career in paediatrics involves and that you can demonstrate a commitment to working with children and their families.

What do you do on a day-to-day basis?

Every day is varied and I can see anything from a newborn baby to a typical teenager! Most days when covering neonates there will be deliveries to attend just in case you need to put your neonatal resuscitation skills into action. A Consultant leads all ward rounds and there is a real team feeling. With A&E and GP referrals there is plenty of opportunity to clerk patients and be involved in acute care and emergency situations.

What do you find the most challenging aspect of your job?

Child protection cases are without a doubt the most difficult aspect of my job.

Any funny tales during your training?

Most days a child makes me laugh! The memory of a four year old boy whose ambition was to be a hamster vicar will not leave me in a hurry!

Pathology

Close your eyes for a second, think about pathologists and tell me the first thing that comes into your head...White coats? Autopsies? Automated lab work? Boring? No patient contact?! There are many misconceptions surrounding the medical speciality of Pathology and this article is going to try and dispel these for you with the hope that you might consider this varied, exciting and challenging career!

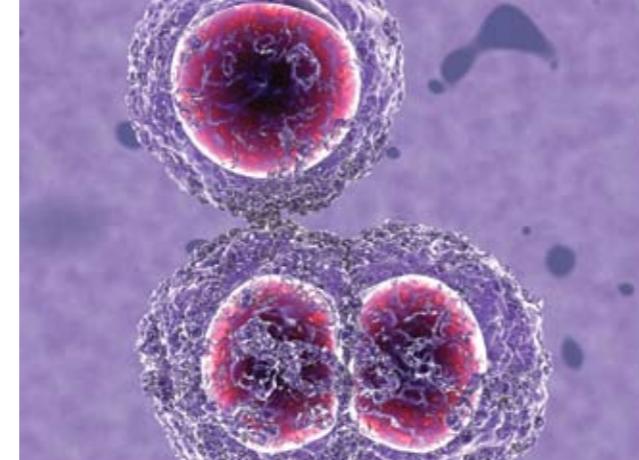
Firstly, contrary to popular belief, Pathology is an ever-expanding discipline with new advances and techniques being developed all the time in the laboratory. Secondly, Pathologists are becoming increasingly involved in direct patient care, many running their own clinics and visiting patients at the bedside. Thirdly, being a Pathologist requires great communication skills. They not only work with other lab workers but with practically every speciality within the hospital, not to mention GPs!

Pathology as a science is concerned with the structural and functional manifestations of disease. However, it is often described as a 'hidden science', and is frequently taken for granted. Pathologists play a vital role by using important investigative techniques to detect, classify and guide the management of disease. By doing so they make a significant contribution to the wellbeing of patients; for example staging material from a biopsy dictates patient management and gives an indication of prognosis.

Pathology is a very broad speciality and is divided into five main disciplines; Chemical Pathology, Histopathology, Medical Microbiology, Immunology and Haematology. Each has different challenges, involves a varying degree of clinical and lab work and has distinct training pathways, as described here.

Chemical Pathology

Chemical pathologists study and investigate the biochemical basis of disease; it's where we send blood tests and fluid aspirates! There are two main aspects to a chemical pathologist's work. Firstly, they provide a reliable and efficient analytical service for measuring serum electrolytes and hormones amongst other things in hundreds of patient samples daily. They also provide advice to clinicians when abnormalities are detected on 'routine blood tests' but also have responsibilities for patients, particularly those with diabetes and dyslipidaemias in outpatients or on the wards.



Histopathology

The main bulk of a Histopathologist's work comprises microscopic examination of tissue biopsies, resection biopsies and cytology. Diagnosis on the basis of these tests is vital in determining the clinical management of the disease. In addition to the lab work, Histopathologists play an essential role by advising clinicians at a Multidisciplinary team (MDT) meetings.

Immunology

Immunology is the newest branch of Pathology and many new and important advances on the subjects of HIV, allergy and immunodeficiency have been made in recent years. This makes Immunology a highly academically stimulating, essential and exciting science. Other than the research side of the job, immunologists provide advice to clinicians, run their own clinics and investigate autoimmune disease.

Medical Microbiology

Today antibiotic resistance and infection control are amongst the greatest challenges to modern medicine. Medical Microbiology deals with the diagnosis, management and control of infection and is vital in tackling such challenges. The laboratory work in Microbiology is less automated and more hands-on than in some of the other branches of pathology.

Haematology

This speciality is truly complete as a doctor can take an active part in all aspects of a patient's management from initial presentation to lab diagnosis and treatment. Patients under the care of a Haematologist have a wide range of malignant or non-malignant haematological disorders. There is also plenty of scope to sub-specialise in haemato-oncology, haemoglobinopathies, transfusion medicine and paediatric haematology, to name a few.

Forensic Pathology

Perhaps the most high profile discipline. This speciality deals with the investigation of deaths with surrounding medico-legal issues. Despite the number who crop up in TV medical dramas, there are actually relatively few practitioners in this field. The work involves performing autopsies, giving advice about medico-legal matters and attending Crown and Coroner's courts.

Am I suited to a career in pathology?

A strong aptitude for science, laboratory investigation and an interest in research are crucial to a career in Pathology. You'll also need good management and communication skills and team-working abilities — remember pathologists work with a range of professionals both inside the hospital and beyond! An advantage is that on-call duties are mostly handled over the phone. However, a career in Pathology does offer less patient contact than other specialities and the sheer number of samples to process everyday can be hard!

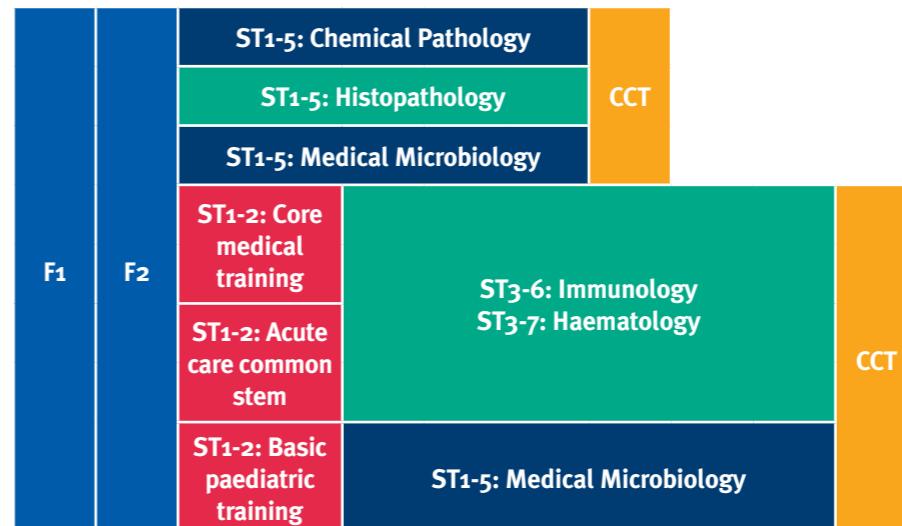
TRAINING PATHWAY AND EXAMS

Trainees wishing to pursue a career in Microbiology, Chemical Pathology and Histopathology must firstly complete the Foundation Programme (FY1 and FY2). After this, they may apply for run-through training programmes lasting a minimum of five years. Selection is via a competitive interview.

After the Foundation Programme, applicants wanting a career in Haematology or Immunology have to complete Core Medical Training, Acute Care Common Stem or basic paediatric training (only an option for Haematology) in ST1-2. They must then apply for a specialist training programme at ST3 level. The specialist training programme lasts a minimum of four years for Immunology and five years for Haematology, however the exact length of time is dependent on achievement of the core competencies.

In order to take up a Consultant post, trainees must then take a CCT exam (Certificate of Completion of Training) at the end of ST5 in Microbiology, Chemical Pathology or Histopathology. This happens at the end of ST6 for Immunology and at the end of ST7 in Haematology.

Training Pathway



- Competition ratios for ST1 entry in 2007 compared to the average across all specialities of 6.4 applicants/post were:
 - Chemical Pathology: 8.8
 - Medical Microbiology: 18.0
 - Histopathology: 8.7

- Competition ratios for ST3 entry in 2007 compared to an average competition ratio of 8.8 applicants/post across all the specialities were:
 - Haematology: 6.8
 - Immunology: 0.6



Dr Nabeela Mughal
ST3 doctor, Microbiology and Infectious Disease, Chelsea and Westminster Hospital

Why did you choose your field?
I'm very interested in the subject and like the fact that it has a laboratory and ward component. Microbiology is a speciality in itself but also has contact with all other specialities and at all levels from junior to Consultancy grades. In addition the field is internationally applicable.

What has been the main highlight of your career?
Working at Queens Square and also the breadth of work and specialities from which I am able to choose.

What did you have to do to enter this field?
I did an Infectious Diseases/Microbiology job at the Royal Free Hospital before applying to enter the field.

What do you do on a day-to-day basis?
In the morning I do an ITU/burns ward round, answer phone calls from all specialities within the hospital and GPs, phone out the positive blood cultures and do a bench round where we look at all the positive isolates. In the afternoon I review the ward if necessary, answer more phone calls and phone out any new positive results. There is generally a clinic in the morning; TB, general ID or an out-patients antibiotic therapy clinic. The remainder of the time is spent reviewing ward patients and referrals.

What do you find the most challenging aspect of your job?
The amount and detail I am required to know about a whole range of topics from bacteria to biochemical reactions!

How does your job fit into your home life?
Very well! I finish at 5pm most days. Evening on-calls are conducted from home via phone and weekend on-calls generally consist of a morning visit to the hospital and then the rest can usually be conducted from home.

Psychiatry

Psychiatry is not just brown leather couches, dusty books and clipboards. It is a fascinating and rewarding branch of medicine which concentrates on the machinery of the mind. Specialists in this field assess and treat mental illnesses, emotional and behavioural disorders and even the effects of physical disease on mental health.

Overall there are six main specialties including adult psychiatry (further split into liaison, alcohol and substance misuse), old age psychiatry, child and adolescent psychiatry, forensic psychiatry, learning disability and psychotherapy. There is a huge scope to explore a wide variety of differing fields.

Psychiatrists are not restricted to the hospital and often work in a variety of settings including in the community, schools, residential homes, prisons and even patient's own homes. They make up part of a large multidisciplinary team within mental health services and routinely work with a range of other healthcare professionals as well as patient's carers and their families.

Am I suited to psychiatry?

The ability to work well in a team is crucial as Psychiatrists make up only part of a large multidisciplinary team within mental health services. Psychiatrists need exceptionally good communication skills in order to connect with their patients. An inquisitive and analytical mind and the ability to tolerate uncertainty, alongside the ability to engage with patients, their carers and family are also a must.



- One in four people in Britain will experience mental illness in their lifetime
- One in 10 children suffer from a mental disorder
- Around 300 in 1,000 people will experience mental health problems every year in Britain
- 230 of these will visit a GP
- 102 of these will be diagnosed as having a mental health problem
- 24 of these will be referred to a specialist psychiatric service
- Six will become inpatients in psychiatric hospitals

TRAINING PATHWAY AND EXAMS

It takes approximately six years to become a fully qualified Psychiatrist after completing the standard two year Foundation Programme and can be split into two parts. Due to the essential skills required to become a competent Psychiatrist, entry into the psychiatry pathway is assessed using an FY2 portfolio in combination with CV based questions, a structured interview and group exercises focused on teamwork and empathy.

The first three years at ST1-3 level are spent completing general or core modules. This allows trainees to gain a general grounding in psychiatry whilst having 'tasters' of the speciality areas within the field. It is during these years that trainees must decide which area they would like to specialise in.

The final three years (ST4-6) allows trainees to specialise in an area such as old age, child and adolescent or forensic psychiatry. Trainees are expected to complete three written and one clinical examination in order to gain the MRCPsych by the end of ST4.



Dr Christopher Hilton
Speciality Registrar,
Chelsea and
Westminster Hospital

What has been the main highlight of your career so far?

I am currently working as an ST3 (SHO) in Addictions Psychiatry based in several different sites in Central London. I see outpatients at the Soho Alcohol Treatment Service and in Earls Court Drug and Alcohol Service, inpatients in an NHS detox unit in a private hospital and do on-calls and have teaching at Chelsea and Westminster. I'm thoroughly enjoying the variety of patients and colleagues and finishing work in Soho Square at 5pm on a Friday evening makes for a fantastic start to each weekend!

What did you have to do to enter this field?

After getting my medical degree (MBBS) I did the North West Thames Foundation Programme, which included an F1 job in Liaison Psychiatry as well as the obligatory medical and surgical placements. My F2 rotation included Paediatrics and Cardiology.

I applied through the national applications process for the six-year Psychiatric Training Scheme [now split into Core (CT1-3) and Higher (ST4-6)].

Before going on to the ST4 level training you need to have sat and passed the four parts of the MRCPsych exam (three written and one clinical paper).

Is there any information/advice you wish you knew then that you know now?

That the multidisciplinary working in mental health, which has huge advantages in terms of combining skills of psychologists, occupational therapists, nursing staff, social workers, psychiatrists, GPs and physicians etc, also means that there's a vast amount of bureaucracy and paperwork compared with other specialties. An ability to type quickly is extremely valuable!

Radiology



Dr Kate Hawtin
Specialist Registrar,
Radiology, Charing Cross Hospital

Some people think radiology is just sitting in a dark room in front of a computer screen. But they're wrong! Radiologists help diagnose diseases and offer advice to their colleagues in all specialities. Expert radiological review is central to the management of countless diseases, and radiologists are increasingly using specialist techniques to actually treat diseases as an alternative to surgery.

As well as the use of imaging to diagnose and monitor a wide range of conditions, interventional radiological procedures are increasingly being used as treatment options, so a good understanding of general medicine and surgery is paramount.

Over the last 25 years, the field has expanded with developments in imaging technology. These include ultrasound, magnetic resonance imaging (MRI) and positron emission tomography (PET). This means the Radiologist's skills are becoming ever more necessary and they are frequently seen leading multidisciplinary team meetings and interpreting sophisticated imaging for their medical and surgical colleagues. Moreover, advances in technology and our understanding of the features of disease on diagnostic images allows imaging to be used at earlier stages of the diagnostic process and with greater clarity of imaging comes the opportunity to offer image-guided treatment.

An interesting radiological sub-specialty is interventional radiology. Interventional Radiologists use image guidance for a rapidly increasing array of minimally invasive procedures — from arterial and colonic stenting to image guided ablation of tumours. Hence, the Radiologist's skills are highly valued both by their clinical colleagues and patients. Like many fields in medicine, interventional radiologists are becoming increasingly more specialised, tending to work with one body system.

Despite this, most trainees embarking on a career in clinical radiology are not certain where their areas of special interest will lie and therefore, benefit from exposure to all areas of radiological practice.

- In 2008, there were 150 posts available at ST1 with a competition ratio of 33 to one

During their training doctors rotate through general radiology before following on in the latter years with more focussed training in areas of special interest. A regular on-call commitment is required which varies in intensity, depending on the hospital or sub-speciality in which the radiologist is involved.

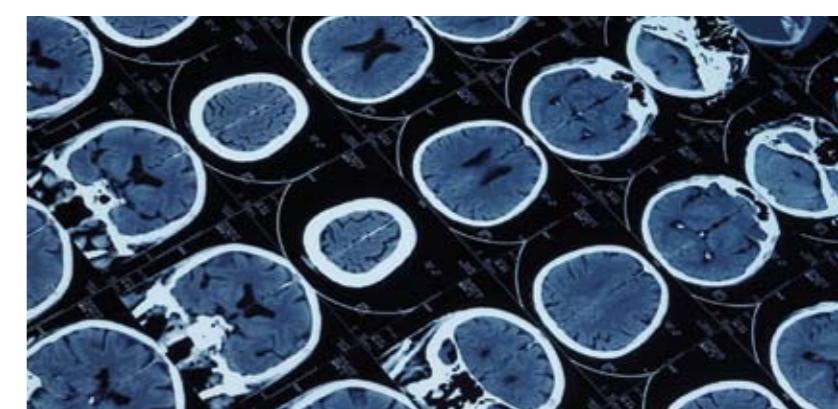
The massive growth in the applications of radiological imaging and interventional treatments has resulted in a shortage of trained radiologists. The Royal College of Radiologists and the Department of Health have responded to this demand by increasing the number of training posts, but it nevertheless remains an extremely competitive speciality.

Am I suited to radiology?

The interpretation of imaging in Radiology provides an intellectual challenge but with the advent of interventional procedures also has a demanding manual component. It may be suited to those who enjoy anatomy and who have a keen eye for detail. Interventional procedures also require a high level of manual dexterity.

TRAINING PATHWAY AND EXAMS

Following the standard two year Foundation Programme (FY1 and FY2), radiology can be entered from ST1 or CT1. On completion of MRCP, ST3 to ST5 is then spent gaining the FRCR and finally CCT. From CT1, MRCP or MRCS is completed followed by FRCR and again CCT.



Why did you choose your field?

I enjoy the process of making the diagnosis; the journey of working out what is in front of me based on radiological findings and clinical information. This can be either based on in-patient referrals or based in an outpatient clinic.

What has been the main highlight of your career?

Passing all my exams aged 32!

Is there anything that you wish you knew then, that you know now?

I wish I had had a crystal ball to see that on calls were going to get so much busier.

What do you do on a day-to-day basis?

I read CT scans, ultrasound, mammograms, gynaecology studies and perform breast biopsies.

If you weren't in medicine, what would you be?

An interior designer!

Did you know which speciality you wanted to go into whilst you were at medical school?

I had a strong idea.

Who or what has inspired you along the way?

Excellent radiologists who interact with clinicians and formulate management plans.

Why did you choose medicine?

I like science and found interaction with people (as opposed to being in a laboratory) appealing.

What are your goals as a doctor?

To be a good and well respected Radiologist.

GCS contacts

Get career savvy

59

Academic Medicine

Dr Liz Lightstone
Academic Foundation Programme Director, North West Thames Foundation School
Email: l.lightstone@imperial.ac.uk

Acute Internal Medicine

The Society for Acute Medicine
Email: admin@acutemedicine.org.uk

Anaesthetics and Critical Care

Dr Umeer Waheed
Consultant Intensivist, Hammersmith Hospital
Email: Umeer.waheed@imperial.nhs.uk

Cardiology

Professor Peter Collins
Professor of Clinical Cardiology, Royal Brompton Hospital
Email: peter.collins@imperial.ac.uk

Cardiothoracic Surgery

Mr Prakash P Punjabi
Consultant, Cardiothoracic Surgery,
Hammersmith Hospital
Email: p.punjabi@imperial.ac.uk

Care of the Elderly

Dr Ruth Mizoguchi
Specialist Registrar, Care of the Elderly,
Charing Cross Hospital
Email: aki_uk@yahoo.com

Dermatology

Professor Christopher Bunker
Professor of Dermatology, Chelsea and Westminster Hospital
Email: Christopher.Bunker@chelwest.nhs.uk

Ear, Nose and Throat

Mr Jonny Harcourt
Consultant ENT Surgeon, Charing Cross Hospital
Email: Jonny.harcourt@imperial.nhs.uk

Emergency Medicine

Dr Zul Mirza
Consultant in Emergency Medicine,
West Middlesex University Hospital
Email: zulfiquar.mirza@wmuh.nhs.uk

Endocrine Medicine

Dr Alexander Comninou
Specialist Registrar, Endocrine medicine,
Hammersmith Hospital
Email: alex.comninou@btinternet.com

Epidemiology and Public Health

Professor Paolo Vineis
Chair in Environmental Epidemiology, St Mary's Hospital
Email: p.vineis@imperial.ac.uk



Gastroenterology (medicine)

Dr Andrew Thillainayagam
Consultant Gastroenterologist,
Charing Cross Hospital
Email: a.thillainayagam@imperial.ac.uk

Gastroenterology (surgery)

Mr Piers Gatenby
Specialist Registrar in GI Surgery
Email: piers.gatenby@btinternet.com

General Practice

Dr Sara Khan
ST2, VTS GP, London Deanery
Email: drsarakan@doctors.org.uk

General Surgery

Mr Sanjay Purkayastha
Specialist Registrar and Clinical Lecturer in Surgery,
St Mary's Hospital
Email: s.purkayastha@imperial.ac.uk

Haematology

Dr Amin Rahemtulla
Consultant Haematologist, Hammersmith Hospital
Email: a.rahemtulla@ic.ac.uk

Infectious Diseases

Dr Laurence Karen
ST8, St Mary's Hospital
Email: laurence.karen@btinternet.com

Neurology

Dr Leonora Fisniku
ST3, Neurology, Charing Cross Hospital
Email: leonora.fisniku@ic.nhs.uk

Neurosurgery

Miss Samira Akmal
Specialist Registrar, Neurosurgery, Charing Cross Hospital
Email: samirakmal@yahoo.com

Obstetrics and Gynaecology

Mr Martin Lupton
Consultant Obstetrician, Chelsea and Westminster Hospital
Email: m.lupton@imperial.ac.uk

Oncology

Dr Simon Stewart
Consultant Clinical Oncologist and Oncology Course Leader,
Imperial College London
Email: s.stewart@imperial.ac.uk

Ophthalmology

Miss Vicki Lee
Consultant Ophthalmic Surgeon, Central Middlesex Hospital
Email: v.lee@imperial.ac.uk

Oral and Maxillofacial Surgery

Mr Henri Thuau
Consultant OM-F Surgeon, Chelsea and Westminster Hospital
Email: htomf@yahoo.co.uk

Orthopaedic Surgery

Professor Justin Cobb
Consultant Orthopaedic Surgeon, Charing Cross Hospital and
Chair in Orthopaedic Surgery, Imperial College London
Email: j.cobb@imperial.ac.uk

Paediatrics

Professor John Warner
Professor of Paediatrics and Head of Department,
Imperial College London
Email: j.o.warner@imperial.ac.uk

Pathology

Dr Nabeela Mughal
ST3, Microbiology and Infectious Disease,
Chelsea and Westminster Hospital
Email: abmughal@aol.com

Plastic Surgery

Mr Simon Eccles
Consultant Craniofacial, Plastic and Reconstructive surgeon,
Chelsea and Westminster Hospital NHS Foundation Trust and
Imperial College Healthcare NHS Trust
Email: simon.eccles@btinternet.com

Psychiatry

Dr Christopher Hilton
Speciality Registrar, Chelsea and Westminster Hospital
Email: christopher.hilton@nhs.net

Radiology

Dr Julia Hillier
Consultant and Head of Training at Chelsea and
Westminster Hospital
Email: julia.hillier@chelwest.nhs.uk

Renal Medicine

Dr Jeremy Levy
Consultant, Hammersmith Hospital and Honorary Clinical
Senior Lecturer, Imperial College London
Email: j.levy@imperial.ac.uk

Respiratory Medicine

Professor Martin Partridge
Chair in Respiratory Medicine, Charing Cross Hospital
Email: m.partridge@imperial.ac.uk

Rheumatology

Dr Jananath Wijeyekoon
Specialist Registrar, Chelsea and Westminster Hospital
Email: Jananath.Wijeyekoon@chelwest.nhs.uk

Sports Medicine

Dr Mike Loosemore
Sports Physician, Olympic Medical Institute
Email: mike.loosemore@eis2win.co.uk

Urology

Mr James Bellringer
Consultant Urological Surgeon, Charing Cross Hospital
Email: j.bellringer@imperial.ac.uk

Vascular Surgery

Mr Saroj Kumar Das
Honorary Professor, Brunel Institute of Bioengineering,
Consultant Vascular Surgeon and Honorary Senior Lecturer,
The Hillingdon Hospital and Charing Cross Hospital
Email: saroj.das@imperial.ac.uk



Get career savvy

60

Other contacts and websites

British Association of Oral and Maxillofacial Surgeons
35-43 Lincoln's Inn Fields
London WC2A 3PE
www.baoms.org.uk

British Thoracic Society
17 Doughty Street
London WC1N 2PL
www.brit-thoracic.org.uk

English Institute of Sport
Olympic Medical Institute
Watford Road
Harrow HA1 3UJ
www.eis2win.co.uk

Faculty of Public Health
4 St Andrews Place
London NW1 4LB
www.fphm.org.uk

Royal College of Anaesthetists
Churchill House
35 Red Lion Square
London WC1R 4SG
www.rcoa.ac.uk

Royal College of General Practitioners
14 Princes Gate
Hyde Park
London SW7 1PU
www.rcgp.org.uk

Royal College of Obstetrics and Gynaecology
27 Sussex Place
Regent's Park
London NW1 4RG
www.rcog.org.uk

Royal College of Ophthalmologists
17 Cornwall Terrace
London NW1 4QW
www.rcophth.ac.uk

Royal College of Paediatrics and Child Health
5-11 Theobalds Road
London WC1X 8SH
www.rcpch.ac.uk

Royal College of Pathologists
2 Carlton House Terrace
London SW1Y 5AF
www.rcpath.org

Royal College of Physicians
11 St. Andrews Place
London NW1 4LE
www.rcplondon.ac.uk

Royal College of Psychiatrists
17 Belgrave Square
London SW1X 8PG
www.rcpsych.ac.uk

Royal College of Radiologists
38 Portland Place
London W1B 1JQ
www.rcr.ac.uk

Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London WC2A 3PE
www.rcseng.ac.uk

Society of British Neurological Surgeons
35-43 Lincoln's Inn Fields
London WC2A 3PE
www.sbns.org.uk

The College of Emergency Medicine
Churchill House
35 Red Lion Square
London WC1R 4SG
www.collemergencymed.ac.uk

Academy of Medical Royal Colleges
www.aomrc.org.uk

BMJ Careers
www.careers.bmj.com

British Medical Association
www.bma.org.uk

General Medical Council
www.gmc-uk.org

Medical Careers
www.medicalcareers.nhs.uk

New Contracts for Associate Specialist and Speciality Doctors
www.dhsspsni.gov.uk/pay_and_employment-sas_dr_contract

NHS Careers
www.nhscareers.nhs.uk

NHS Employers
www.nhsemployers.org

Postgraduate Medical Education and Training Board
www.pmetb.org.uk

Quack
www.quackguide.co.uk

The London Deanery
www.londondeanery.ac.uk

The Medical Schools Council
www.medschools.ac.uk

The Society for Acute Medicine
www.acutemedicine.org.uk

Two Weeks
www.twoweeks.org.uk

UKFPO
www.foundationprogramme.nhs.uk

VSO
www.vso.org.uk

Women in Surgery
www.rcseng.ac.uk/career/wins

