



**General Practice isn't
just one career...**



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Think about General Practice as a career

When we think of GPs, we tend to think of practice GPs looking after a list of patients. However, general practice isn't just one career; there are many options within general practice, some of them recent. This brochure contains interviews with local GPs who are working in a number of different ways.

There is a long tradition of combining part-time work in general practice with other interests and responsibilities. Zoe Ballantyne, for example, works two days a week in general practice and spends another two days working for the charity Freedom From Torture; while Ian Williams combines part-time general practice with working as a graphic novelist and a cartoonist for the Guardian newspaper, and is regularly asked to speak at graphic medicine conferences around the world.

GPs with a special interest (GPwSI) are also well-established. Jonny Coxon, for example, works one session a week as a GP with a special interest in Urology. GPwSIs are employed in a number of clinical areas, including dermatology, ENT, ophthalmology, MSK and mental health.

The last decade has also seen the development of specialist GP practices such as the one that Chris Sargeant works in, which has made a real difference to the health outcomes of homeless people in Brighton and Hove. Unscheduled care is also developing as a sub-specialism of general practice and is provided at GP walk-in centres, out of hours services and in clinics running alongside A&E.

There are longstanding links between primary care and Global Health. Michael Shepherd combines GP with acting as medical advisor for The Lake Clinic, a charity which delivers primary care to the floating villages on the Tonle Sap Lake in Cambodia. John Darcy, who has a longstanding interest in pre-hospital care, is on call 24 hours a day to potentially be summoned by South East coast ambulance service to assist in out of hospital emergencies in the UK, and is also on call to provide medical care for the British International Search and Rescue Team.

The devolution of commissioning to CCGs has been a game-changer for primary care and has created highly responsible positions for GPs. Xavier Nalletamby, for example, combines working as a GP partner with his role as clinical lead for Brighton and Hove CCG, which is responsible for commissioning healthcare for the local population and has a budget of £400M. Becky Jarvis has responsibility for commissioning and monitoring all mental health services locally, and Mary Flynn is the CCG medical lead for safeguarding in Brighton and Hove.

CCGs have also created new clinical roles for GPs. Rachel Duncan and Mary Flynn both work for the Roving GP service, which assesses patients at home who might otherwise need to go to A&E. This ties into a community Rapid Response Service, where a GP works as part of a multidisciplinary team supporting ill patients at home. As well as options outside practices, there are also options within practices. Idango Adoki, for example, has been commissioned by his CCG to offer minor surgery from his practice base, and there are options for all practices to sign up to offer locally enhanced services – additional services outside the basic GP contract. Brighton and Hove CCG, for example, has a list of 15 locally enhanced services that practices can decide to offer, ranging from COPD to substance misuse. The CCG is also actively calling for practices to put forward proposals to offer innovative community services.

Many GPs enjoy teaching and students will have encountered GPs at various points in the undergraduate course. There are both part time and full-time GP academic roles at the medical school; Chris Sargeant, for example, teaches both undergraduates and postgraduates. Primary Care research is an important role for GPs. As Professor of Primary Care, Helen Smith leads a large research department and in her interview she explains the new pathways into academic general practice.

Every doctor on the medical register has to have an annual appraisal and this has created the new role of GP appraiser. Steve Leung combines working as an appraiser with working as a panelist on GMC Fitness to Practice hearings, while Richard Haworth has worked for the Care Quality Commission, who inspect GP practices.

Alongside these new roles, we have seen the rise of the portfolio GP – GPs who carry out a range of roles. All of the GPs in this brochure could be described as portfolio GPs, but a particularly good example is Rachel Duncan, who manages to fit in chairing the RCGP South East Thames Faculty and a bit of commissioning alongside a number of clinical roles. Steve Leung and Idango Adoki are also dynamic characters who combine a variety of roles, while Richard Haworth, at a time when others might be thinking about retirement, is enjoying a more diverse range of roles than ever.

An interesting development is that not all portfolio GPs are practice-based. Some, like Rachel Duncan and Mary Flynn, work for a service rather than a practice, while others, such as Steve Leung and Gavin Colthart, work as career locums. This has allowed Gavin to also work as a marine research expedition medic and a medical advisor for a marine conservation charity.

Enterprising people have always done well in general practice. Want to build your own health centre? It's a major project but you can do it. When local residents at Sovereign Harbour in Eastbourne started to campaign for a purpose-built health centre, Idango Adoki and his partner bought a piece of land and made it happen. Noticed a gap in the market for a GP locum agency? Who better to set one up than a practicing GP? Steve Leung has segued this idea into the largest GP locum agency in the country – and one that has saved the NHS money.

As independent contractors, GPs have a lot of control over how they work. GP practices are a mosaic of the different commitments that the various GPs have agreed to contribute. It's not just about when you work, it's also about what you do – GPs within the practice may take a lead in different areas. Jonny Coxon, for example, is his practice lead for IT and QOF. Other GPs might lead on different areas such as prescribing or training. How you work is also up for negotiation – John Darcy and Ian Williams need time out of their practices for different reasons, and their practices work round this, and Michael Shepherd took a sabbatical from his practice to do volunteer work in Cambodia. If you are good enough and you can make it work for your practice, all sorts of options are possible; built-in sabbaticals, term time contracts and calendar job shares are all possibilities.

All of the GPs interviewed for this brochure work locally – you don't have to look far to find a GP who is doing something interesting! The NHS plans to move many more services into the community in the next five years and this will throw up new opportunities and new ways of working. Want to be part of this? Think about general practice as a career.

Many thanks to the students who carried out the interviews, the GPs who kindly agreed to be interviewed and the members of the Medical Humanities Society and GP Society who drew up the interview questions.

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Dr Chris Sargeant

Interviewed by Christine Reed, Year 4

What do you do?

I am a GP with Special Interests (GPwSI) in the Health of Homeless People and in Substance Misuse; GP Lead, Pathway Hospital Homeless Team, and part-time academic GP.

How did you get to where you are now?

I trained as a GP Registrar and then started a new service for homeless people in Brighton. I developed interest in substance misuse by doing an MSc in the topic and then took a part-time academic role.

What is the best part of your job?

Lots of good bits. Variety is excellent and looking after people who have been neglected by other services and organisations.

In my clinical roles I spend time focussing on the patients and supporting them to make positive changes to their lives, often when they are in very difficult circumstances and when they have been rejected or neglected many times previously. This can be tremendously rewarding.

In my academic role I teach and support both undergraduate and postgraduate students, and help to organise and run postgraduate courses and continuing professional development events. This hopefully helps both the students with their personal and academic development and also their patients by them having a more interested and knowledgeable practitioner looking after them. Everyone says it and it's true, qualifying as a GP is the beginning of your education, not the end!

If you could delegate part of your job to a specially-designed robot, which part would you choose?

Filling in paper work in all my jobs.

What GP superpower would you like to have?

The power to get everybody housed for a month after hospital admission and to make sure they were properly fitted into the community services.

How do you see the future of general practice?

Unpredictable. I think the relationship between GPs and patients will always remain strong but under increasing pressure from commercial interests.

What country in the world do you think offers the best primary health care?

Here I think.

How do you balance your work (or different aspects of your work) and your personal life?

With variable success. I try very hard to not work when I have gone home and have a proper division between the two. Sometimes very difficult to achieve.

What advice would you give to a medical student considering GP as a career?

I'd say get as much exposure in as many different fields as possible and ignore what most people say about general practice since they are not qualified to tell you.

What advice would you give to your former self at the same stage?

I think I would say try and enjoy all the different things that you do and decide what you want to do and follow that path.

What was your most embarrassing moment?

Er, there are lots of embarrassing moments, but none of them I can share!

And finally - suggest a book or film that medical students should read or see.

Well I think everyone should see 'Ben the Heroin Addict' which is a documentary that is on YouTube. It shows the progression of someone who is homeless and drug dependent and also the progress from life to death.





Dr Xavier Nalletamby

Interviewed by Canel Kucuk, Year 3

What do you do?

GP and Clinical Chair of Brighton and Hove CCG. The CCG (Clinical Commissioning Group) commissions healthcare on behalf of the entire population of Brighton and Hove. This ranges from the care in hospital, counselling and mental health services, through to community nursing, with a budget of almost £400m. We are working closely with practices towards the potential federation of general practice in Brighton and Hove.

How did you get to where you are now?

I've always taken a keen interest in the politics of healthcare; I have been involved with the Local Medical Committee and I used to run GP forums. In 1999, when GPs were placed in a central role of management of primary care, this appealed to me and I became a member of the local primary care group which later became the Primary Care Trust (PCT). More recently, when CCGs were created and more healthcare commissioning authority was given to doctors, I became elected into my role as Clinical Chair.

What is the best part of your job?

Being in a position to influence healthcare in the community as well as meeting a variety of professionals who influence healthcare from a holistic perspective. For example, I work with local councillors to combat health issues which affect the community. Soon we are hoping to implement 'Boris Bikes' in Brighton and Hove with the cooperation of local businesses and EU funding.

If you could delegate part of your job to a specially-designed robot, which part would you choose?

Prescribing repeat prescriptions!

What GP superpower would you like to have?

The ability to access second opinions and referrals without waiting.

How do you see the future of general practice?

The future for general practice has the potential to be very positive. There will be vast investment in primary care. I hope to see more GPs running the show; making commissioning decisions and running the practices.

What country in the world do you think offers the best primary health care?

England. Our healthcare service is highly organised with a list based system and vast morbidity data; we have a highly developed IT system which is currently underexploited and we're in a great place for future research. Primary care is the cornerstone for healthcare in England.

How do you balance your work (or different aspects of your work) and your personal life?

Badly; I think, as I approach retirement age I shall take a break before considering how best to improve the lot of general practice.

What advice would you give to a medical student considering GP as a career?

Only become a GP if you love seeing patients, learning about their lives and if you have good stamina!

What advice would you give to your former self at the same stage?

I have no regrets – I have the best job in the world. There is great opportunity for continuity of care; I now see the children of children I used to see! The job is highly rewarding professionally and my advice would be, don't let the bureaucrats take over.

What was your most embarrassing moment?

I once attended a home visit where I was let into the home by the patient, and only once I'd examined the patient did they say, 'but I didn't call a doctor' – I was at the wrong house!

And finally - suggest a book or film that medical students should read or see.

The Royal Tenenbaums – a comedy about a dysfunctional family with overall good affection towards each other. I think it very much reflects the family of general practice.



Dr Zoe Ballantyne

Interviewed by Amaran Cumarasamy, Year 2

What do you do?

I am a GP partner in Brighton and also work for the human rights organisation Freedom from Torture as a forensic assessor/clinician. I spend two days each week in each role, travelling to the London for the days with Freedom from Torture.

How did you get to where you are now?

I qualified in 2003 from Newcastle Medical School and held my first few jobs in Edinburgh and London as a house officer in Obs/Gyn and Paediatrics. I then moved to Oxford to complete my GP training and went diving straight into the deep end as a partner, which was enjoyable and challenging, and from which I gained valuable experience. After more than two years as a full-time partner I had the opportunity to get involved in GP education, and for several years I combined a research and education role with part-time work as a GP locum. I also managed to study part-time for a Masters degree in Philosophy of Medicine, which is an interest I continue. I recently settled in Brighton, taking on a part-time partnership in a practice I am familiar with as I had a maternity locum position there until 18 months ago.

What is the best part of your job?

General practice offers the chance to get to know patients as a whole person in a way other specialties cannot match. There is a significance in understanding the patient's narrative, their setting and context. As a GP you are ever present to help during their times of wellbeing and conversely during the most difficult moments which is hugely rewarding.

I think that the work I carry out with Freedom from Torture, helps to make me a better, more well-rounded practitioner, and I value greatly working with survivors of torture in such a great organisation.

If you could delegate part of your job to a specially-designed robot, which part would you choose?

The coding. It's an important part of modern general practice for many reasons from research and audit to increasingly how general practices are paid. It is also tedious, and a robot would have a mechanical memory for coding leaving me free to focus on the patient and their problem.

How do you see the future of general practice?

I think that to a great extent it is unknown, and sadly I think there will be increasing variation in how (and how well) general practice and community health services function across the country. I do think that larger groups of practices will continue to come together forming some sort of federations, sharing back office functions to some extent. How this affects the day to day work will depend on local factors.

How do you balance your work (or different aspects of your work) and your personal life?

GPs work long days and these are currently getting even longer for most. For me there is great reward for the hard work in terms of job satisfaction, and I love my job, but working in two quite different roles helps keeps me fresh and motivated. My role writing medico-legal reports, documenting physical and psychological evidence of the effects of torture can be particularly emotionally challenging, and this means that I need to pay particular attention to looking after myself. Support amongst peers, both formal and informal, as well as family support plays an important role here. I also have many interests outside of work from running marathons to travel and yoga. I do think that doctors can run the risk of caring for patients and work to the detriment of themselves and their own relationships and being aware of, and preventing that from happening, is important both for meaningful work and for a fulfilling life outside work too.

What advice would you give to a medical student considering GP as a career?

Don't take too seriously the opinions of hospital specialists when it comes to life as a GP. Speak to and if possible visit and sit-in with practicing GPs. I think most young doctors know whether they are cut out for general practice or not, and I think that all too often they are put off by doctors who don't understand what it is actually like.

What was your most embarrassing moment?

I can't share that with you here. Sorry!

Can you suggest a book or film that medical students should read or see?

Book: Thinking about Patients by David Misselbrook or The Lady in the Van by Alan Bennett. Film: Wit directed by Mike Nichols starring Emma Thompson.

<http://www.freedomfromtorture.org/>





Dr Steve Leung

Interviewed by James Barber, Year 3

What do you do?

I am a Portfolio GP. This means that I have a diverse range of roles. These include Fitness to Practice Panellist for the Medical Practitioners Tribunal Service (MPTS); Medical Director for a national website RLocums.com; GP and aesthetics doctor; GP appraiser.

I set up RLocums to make it easier for GP practices and locums to find each other. The service was popular from the beginning and is now the largest locum website nationally with over 6000 locums and employers. It's helping save GP practices £250,000 per year while allowing GP locums to earn more, all by leveraging technology and cutting out expensive locum agencies. We've been featured a number of times in the media, including on the BBC – all of which have made me very proud and want to make the service even better!

How did you get to where you are now?

After junior doctor training, and the vocational training scheme (VTS), what followed were six month placements working as a salaried GP, then as a GP partner and finally as Clinical Lead GP of a city centre practice and separate walk-in centre. I wanted to pursue other projects so I became a locum GP which gave me the freedom to start up the RLocums website.

What is the best part of your job?

The flexibility, variety and control of when, where and what I do. Some of my roles allow me to work from home and therefore it offers me a better work/life balance.

If you could delegate part of your job to a specially-designed robot, which part would you choose?

Paperwork! Let me know if they ever design a robot to take care of all my paperwork – I'd pay good money for it!

What GP superpower would you like to have?

The most useful would be laser sharp focus – so I never get distracted. Warping time and having multiple copies of myself would be useful too!

How do you see the future of general practice?

There is quite a bit of stress in grassroots general practice at the moment but I see a brighter future. There will be more money available and more opportunities for those who are dynamic and innovative and who can save cost for the NHS while improving patient care. However, I also see the current trend for more regulations and less autonomy continuing.

What country in the world do you think offers the best primary health care?

It is hard to compare our NHS to other countries but the UK has a system where people receive generally good, appropriate care, free at the point of access. I'm proud of our NHS although there is always room for improvement.

How do you balance your work (or different aspects of your work) and your personal life?

As I often work from home it is important for me to separate my work and personal life. Having dedicated work and relaxation areas is important, as is having dedicated time for my family.

What advice would you give to a medical student considering GP as a career?

General practice is really hard work and not an easy way out! But it is also full of opportunities that are simply not present or possible in other specialties. I highly recommend it. Learn to be savvy and understand that you have options. Don't be afraid to break away from the well-trodden path, do what you want to do – not just what you think is expected of you.

What advice would you give to your former self at the same stage?

Do what you enjoy doing and try not to focus on what other people are telling you to do. In the end, make the decision that is right for you and not for other people – it's your life!

What was your most embarrassing moment?

I sometimes find it a little embarrassing when I am assessing colleagues who are much more senior to me. One particularly awkward moment was when I appraised someone who taught me at medical school!

And finally - suggest a book or film that medical students should read or see.

I would say Sliding Doors. It's a film that shows that each of your decisions have profound consequences – so make the right choice for you!



Dr Rachel Duncan

Interviewed by Renske McFarlane, Year 1

What do you do?

I am a portfolio GP with special interests in dementia, medically complex elderly patients and mental health. I have calculated recently that I am a sixth generation GP but I do not think that my great, great, grandfather would recognise the kind of work I do now as the job of a general practitioner.

I work as a locum GP and with the local memory assessment service as a GPwSI. I also work for the roving GP service, which is a service available to patients in the Brighton, Hove and Portslade area and is designed to be a rapid but thorough assessment from a GP (a sort of A&E in the home assessment) for patients who are at risk of admission to hospital; and I have a role in commissioning mental health services.

Additionally, I am the current chair of the RCGP South East Thames Faculty. My plans for this involve finding ways of further supporting GP colleagues during this difficult time within general practice as well as trying to encourage those in training to think of general practice as a good career option.

How did you get to where you are now?

After completing my house jobs in the UK, I pieced together my own GP training scheme mostly with positions held in Australia and also in New Zealand. Following my return to the UK, I completed my GP training in Brighton where I have remained ever since.

My areas of particular interest have found me really and I certainly would not have predicted working in some of the roles that I do now when first starting along the training route to become a GP. I have been lucky to have had opportunities arise and to be in a position to take them due to my varied and flexible work pattern. There is a lot of interesting work out there for GPs like myself who do not work in a traditional way and I have been able to shape my own career for which I am grateful.

What is the best part of your job?

I enjoy the variety of work as a GP. On a daily basis you deal with very minor problems to very serious and unexpected things and never know what your day will hold. I cannot think of another job quite like it. I was the sort of junior doctor who enjoyed all my rotations and thought about going into so many different specialities that I finally realised being a GP would suit me best. Working as a locum GP I have had the luxury of being able to focus purely on the patient in front of me and do not have to do as much paperwork as a partner or a salaried GP would do.

I enjoy my more specialist roles and have been able to undertake further academic training as part of some of them which I have found satisfying. I enjoy looking at the systems as a whole in my commissioning role, spending a large amount of time with patients when working with the roving GP service and also hearing about people's interesting lives and meeting some amazing carers in my dementia role.

If you could delegate part of your job to a specially designed robot, which part would you choose?

Sometimes dealing with the very minor concerns that people have and then not being able to give as much time to those patients who need it more can be frustrating, so perhaps some of that very low level reassuring work would be good to give to a robot. But it can also be a nice distraction in what can be at times a grueling job.

What GP superpower would you like to have?

More time to give to those patients who need it. There seems to be a theme to many of my answers emerging.

How do you see the future of general practice?

General practice has meant a lot to both those who work with the system and the patients who use it. There is a lot of pressure on primary care at the moment (as there is in all healthcare) and I think we are going to have to get smarter at how we do things and be prepared to be flexible in our approaches. As GPs the bread and butter of what we do is unlikely to change dramatically but I do feel we are the key to lots of innovative ways of working. The way that our UK general practice services are arranged offers great value for money in terms of the cost of delivering a free healthcare service and this I am sure will see us through this current tough patch. My grandfather was a GP when the NHS first started and he said that everyone thought it would be a disaster and would never work, but were prepared to give it their best shot and we are still all here! He was amazed by the range of services offered to him in his own home via his GP when he needed the assistance.

What country in the world do you think offers the best primary health care?

I definitely think that the UK offers the best primary health care. We are very lucky here and to work for and be a patient of the system is such a valuable thing. I have worked in both Australia and New Zealand, as well as having family living in Canada, and although they have good systems in my opinion they do not come close to the one we have in the UK.

How do you balance your work (or different aspects of your work) and your personal life?

My husband is an architect so there is not the temptation to talk shop at home and this helps me to switch off at the end of the day. I have a lot of hobbies and interests outside of work which are also really important to me and this helps to maintain a balance.

I have to confess I find it hard to set limits and tend to take on rather a lot and this can sometimes be a bit overwhelming. I do have complete control over how much work I sign up to do so I am able to react at times when one position is particularly busy and adjust my other work. There is just so much interesting work that I find it hard to resist!

What advice would you give to a medical student considering GP as a career?

Working as a GP is a great job despite all the pressures and I hope that today's medical students get the chance to experience the full variety of the kind of work that you can do as a GP so that they consider joining us.

What advice would you give to your former self at the same stage?

To enjoy each role in a speciality and learn as much as you can and not worry too much about your career path as the right job will find you.

What was your most embarrassing moment?

As a GP I have experienced what I think most of my colleagues have – calling in a patient from the waiting room by name, them sitting down and part way through the consultation process realising that you do not have the correct person in your room at all. Embarrassing for all concerned and very hard to guard against.

And finally - suggest a book or film that medical students should read or see.

I recently read Behind the Mask by Patrick Treacy, and thought it was a fascinating story. I will be interested to see what the other GPs will choose for this section.



Professor Helen Smith

Interviewed by Daron Aslanyan, Year 3

What do you do?

I am a clinical academic, so I work both for the University and the NHS. My clinical work is in General Practice and I have a special interest in Allergy.

My academic role comprises of many different activities, including leadership of BSMS's Division of Public Health and Primary Care, teaching, examining, supervision and research. My research expertise is in the design of pragmatic trials and mixed-method (quantitative and qualitative) evaluative studies. I have applied these methods to many different clinical problems including heart failure, osteoporosis, dizziness, pigmented lesions and sexual health. Currently my research is mainly focused on allergy and asthma. In the UK, services for patients with allergy are not well developed and I am looking at ways to improve their care and to increase their quality of life.

As well as my university responsibilities, I work as a GP at the local Brighton Health and Wellbeing Centre. With my colleagues there I am trialling a 'slow medicine' clinic for patients with complex problems.

How did you get to where you are now?

My career has been slightly un-conventional, in part because I was initially unsure what I wanted to do and later I was following my husband's career around the country! I started in paediatrics, but then transferred to public health, an area of particular interest to me having intercalated in it at Nottingham. My training in public health medicine included two spells of working in Vancouver. After a while as a Director of Public Health, I began to miss patient contact and so decided to also train in general practice. Having dual accreditation led me to an academic post in Southampton. In 2003 I made a very exciting move; I came to Brighton to help set up this medical school.

What is the best part of your job?

One of the best things is the variety, each day is quite different! There are always new challenges. I particularly like supervising and mentoring, be they undergraduates, post-graduates or junior doctors. Helping people achieve their potential clinically and academically is very rewarding.

Another exceptionally good part of my job are the international collaborations; being able to travel to new places and meeting people all in a day's work takes some beating. Current overseas collaborations include Singapore, the Gambia and Germany.

If you could delegate part of your job to a specially-designed robot, which part would you choose?

It would definitely be those aspects that are routine and non-person based. Being able to shed them would give me more time to analyse my data and to write research papers. I have a backlog of partially written manuscripts that it is hard to prioritise when there are clinical and teaching tasks to be done.

What GP superpower would you like to have?

Being a GP is not an easy option, and you need to have a lot of different 'powers' in order to do the job successfully! These include keeping up to date with the latest evidence and guidelines and having excellent problem solving skills. You need to be comfortable being a generalist, but being responsible for the whole patient is so much more rewarding than focusing on one organ or system.

How do you see the future of general practice?

How we provide general practice is going to change but it is not going to disappear! In fact general practice is going to become increasingly important, as we respond to the health care needs of an ageing population. In addition the enormous economic challenges facing the NHS can only be addressed by strengthening primary care. I think that in the future there will be expansion of the multidisciplinary team, enabling GPs to make better use of their clinical skills. In the future I think we will see more managerial and administrative tasks delegated to medical assistants, formal career pathways for practice nurses and Associate Physicians working alongside GPs.

What country in the world do you think offers the best primary health care?

We are amongst the best! Outside the UK, there is very good general practice in Northern European countries such as Denmark and Holland. In Canada, family medicine is strong, but in the US it is patchy.

How do you balance your work (or different aspects of your work) and your personal life?

My philosophy has always been 'work hard and play hard'. There have been times, for example working full time with four small children, when it could have been 'work and no play'. To avoid this I invested heavily in child care and domestic support so that there was protected time to spend with the kids.

What advice would you give to a medical student considering GP as a career?

Being a GP provides an amazing opportunity to be 'pluripotent' and to have a portfolio career. As a GP you can work in many different clinical settings within the community, including working as a GPwSI. General practice training is a passport to working with patients in many rewarding settings – so I recommend seizing the opportunity to develop your own unique career.

If you are interested in academic general practice there is now a defined pathway from academic foundation post, to academic clinical fellowship, to doctoral fellowship, clinical lecturer and so on. We have three F2 posts in academic GP in Brighton and we also have NIHR Academic GP Clinical Fellowships, where as a trainee you spend four years, also gaining a masters in research methodologies and preparing for a doctoral fellowship. Please do contact me if you want more advice on academic training (h.e.smith@bsms.ac.uk).

What advice would you give to your former self at the same stage?

Don't be afraid to follow your instincts and develop your own career pathway. If you want to try something different or change direction have a go. Then you will never have to live with regret, thinking 'if only...'.

What was your most embarrassing moment?

With over 30 years in medicine there have been many embarrassing moments – which I conveniently suppress. I take pride in my communication skills, but my patients don't always! As illustrated by a mother returning with her anaemic baby asking why I had prescribed eye drops, when in fact I had prescribed iron drops. Thank goodness she had struggled to instil them in the baby's eyes!

And finally - suggest a book or film that medical students should read or see.

Every interviewer seems to ask this question and I resist answering! Not because I don't have any suggestions, but because I think almost any book can help us understand other people's experiences and our patients better. In anticipation of a recent visit to North Korea I read Barbara Demick's book 'Nothing to Envy' – this made me think more about the difficulties of being a refugee, even in a country that shares your language and a similar culture.



Dr Richard Howarth

Interviewed by Zara Rochfort, Year 3

Thank you Richard for agreeing to take part in this interview. How would you describe what you do?

A Portfolio GP – I used to be a full time GP in Crawley for 30 years but even then I had many other professional roles.

My medical training started by being commissioned into the British Army whilst still being a medical student – 5 year Short Service Commission, which gave me skills in trauma management. I co-founded our local branch of BASICS about 20 years ago, which is a large organisation of mainly GPs who are willing to give specialised immediate medical care outside hospital, such as in cases of major trauma, as volunteers. My roles have included GP, NHS Clinical Governance trouble-shooter, Forensic Physician for the Police, Expert Witness, Medical Educator and published writer.

Your working week sounds so varied – interesting and fun even?

I try to make it exciting. I'm very lucky – I still enjoy Monday mornings and I never know exactly what I will be doing too far in advance.

What's the best part of your job?

I'm interested in patients' stories. For me, a patient's social and cultural background has more influence on their state of health than whether they get screened or are prescribed statins.

If you could delegate part of your job to a specially designed robot, which part would you choose?

Any meaningless box-ticking job – almost the whole of QOF and also childhood surveillance baby checks!

What GP superpower would you like to have?

That a suggestion made by me in my consulting room would result in immediate action, e.g. I would suggest to a patient that the pain in their knee could be eased through weight loss and they would go home and start to lose weight.

How do you see the future of general practice?

Large change is afoot. This is a good time to enter general practice. We are coming out of a tricky period in the UK but still with plenty of investment for the future in primary care.

What country do you think offers the best primary health care system?

Denmark – the facilities seem excellent and patient care is fully comprehensive with plenty of time to do a thorough holistic job.

How do you balance your work and your personal life?

Keeping a varied working week and lots of hobbies. Mine include drumming, photography, golf, driving fast cars, cookery and writing.

What advice would you give to a medical student considering GP as a career?

Nurture a sense of humour; have fun and real interests outside medicine. Make sure you remain curious – about everything!

What advice would you give to your former self at the same stage?

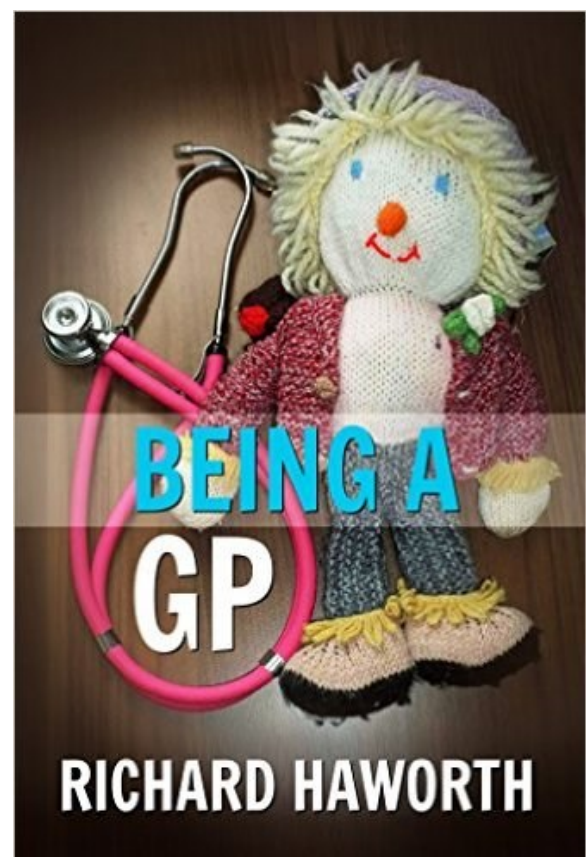
To aim to be good enough, not a perfectionist. And not to worry so much.

What was your most embarrassing moment?

Being called up on to the stage to assist with an orthopaedic surgeon's training session; having to strip to the waist and then demonstrate how to remove a bra, which I did incorrectly and unwittingly brought the house down!

And finally - please suggest a book that medical students should read.

Being Mortal by Atul Gawande.





Dr Idango Adoki

Interviewed by Nathan Hodson, Year 4

What do you do?

I am a GP partner in Eastbourne and I currently have, or have had in the past, a host of other roles including GP Tutor, GP Appraiser, CCG work (service development and clinical lead for MSK services), AQP service provider (a community-based ultrasound service), mentoring (supporting GP colleagues in difficulty) and education as a BSMS GP teacher (currently years 4 and 5). I also do minor surgery in my practice and as a GP you can go into management and administration.

The local residents association had been campaigning for a purpose built health centre by the harbour in Eastbourne and in response we designed and built our own premises, which opened in 2011.



How did you get to where you are now?

I trained as a registrar in general surgery and orthopaedics so the Royal College said I could retrain with just two placements and a year in general practice although in the end I said I wanted to do the full training. The CCG knew of my interest and they were looking for somebody with a clinical interest.

What is the best part of your job?

Seeing patients. I like the clinical challenge. As the years go by I peel away aspects of my work and that will be the last to go, seeing patients face-to-face.

If you could delegate part of your job to a specially-designed robot, which part would you choose?

You don't actually have to retain anything you find tedious, it's more about finding time to do all of it.

What GP superpower would you like to have?

The superpower every GP needs is simply the ability to see things from a step or two back and say, "What's the problem here?" not just in terms of practice, but the whole community.

How do you see the future of general practice?

We will be working within a primary care team with nurse practitioners and the GP will become quite specific in the work he or she does in the practice. The job will probably become narrower: GPs who only consult in surgery; GPs who only do home visits; GPs who do paperwork.

What country in the world do you think offers the best primary health care?

GP in the UK is the best there is but it would be unwise not to compare with elsewhere.

How do you balance your work (or different aspects of your work) and your personal life?

One has got to be conscious of the need to balance. It's never the same throughout the years, you've got to change and adapt as you take on new things.

What advice would you give to a medical student considering GP as a career?

I wouldn't advise everybody to do it my way by training in another speciality first, it wouldn't be possible now.

What advice would you give to your former self at the same stage?

Doing speciality general surgery training certainly set me up well.

And finally - suggest a book or film that medical students should read or see.

A book written by an American lawyer, which was quite moving actually, about what's been happening in America; the difficulties the blacks have been having. It certainly opens one's eyes.





Dr Michael Shepherd

Interviewed by Susie Wincell, Year 3

What do you do?

I am a GP partner and the practice cardiovascular lead as well as the diabetic lead in St Leonards on Sea.

How did you get to where you are now?

I trained in London where I did medical house jobs as well as in Stoke on Trent and Southampton. I quickly realised that I was drawn to whole person medicine and the longitudinal models of care that being a GP favoured. Having the wide knowledge of a GP is both the advantage and the disadvantage but it is possible to aim in on areas of particular interest. I previously worked in New Zealand where I was a partner in an obstetrics and general practice. This meant that I was on call day and night to deliver babies in the local teaching hospital. At the same time I ran a daily prison clinic where we introduced a methadone programme so that patients could withdraw from drugs slowly.

I have been a GP partner in St Leonards on Sea for 32 years. In 2006 the practice allowed me to take a sabbatical, and I went to Cambodia to work at Angkor Hospital for Children in Siem Reap for about five months as a volunteer doctor working in Outpatients. It is the leading paediatric hospital in Cambodia and is largely American run and funded. That was a wonderful experience. The then Medical Director, Jon Morgan, left the following year and decided to start up the Lake Clinic. I kept up with him and became involved at an early stage, going out to volunteer once or twice a year, which I still do in my holidays. I became the Medical Advisor to the clinic. It is basically primary care delivered to the floating villages on the Tonle Sap Lake. These are poor and deprived and extremely basic. They move the village position as the lake expands and contracts according to the season. They make a subsistence living by fishing mainly. We also go to inaccessible villages on the Stung Sen river, all on the East side of the lake.

There are two teams and each “mission” is for three days – that is the length of time the blocks of ice last to keep food, etc cold!



Also three days is about as long as people can manage without good cleaning facilities, especially in the very hot season. The conditions were originally very primitive with no electricity and no toilet apart from parallel bars in a boxed space over the lake (and only a few yards from where water may be drawn up to cook with). Washing and showering would be a bucket of semi filtered lake water over the

head! We sleep under mosquito nets – typically that would be in the same part of the chief's house, as in the photo showing me with the pregnant woman.



We now have dedicated but basic floating clinics, built with donations. We have around seven lake villages we go to. There is some solar power now but the lights have to go off almost immediately after dusk because of the insects that arrive in hoards after dark, and mosquito nets are essential. We are still in an open space. We have been rained out twice and caught in the edges of a typhoon once.

We see a lot of skin problems, chest infections and pneumonia, loads of GI problems and vitamin deficiencies. I saw rabies at the hospital but not yet on the lake. Hepatitis/jaundice, Dengue, but no malaria on the lake. Quite a lot of simple stuff too. Everything is that much more severe when you see it compared with working in the UK.



We have a small but adequate drug formulary but no facilities for investigations apart from urine dipstix, blood glucose and Hb. We can take patients to hospital on our boats – the children go to AHC but the adult situation is difficult as there is nowhere reliable to go. Usually they don't want to go anyway.

What is the best part of your job?

One of the best parts of being a GP is teaching medical students! My practice here looks after a fairly deprived population so I also enjoy the complex medical and social issues we come across. I find the clinical medicine here is much more challenging compared to the upmarket practice in Wellington, New Zealand where my practice partner and I looked after the New Zealand Symphony Orchestra, various embassies and the New Zealand Parliament! But that was a wonderful job too!

What GP superpower would you like to have?

I feel that as a GP I have already has gained lots in the way of superpowers! However, I wish I could have more time with patients or better still have the power to efficiently deliver everything the patient wants within 15 minute appointments.

What country in the world offers the best primary care?

I feel that Britain offers the best primary healthcare due to the well-developed teams and how doctors and nurses work symbiotically.

How do you balance your work (or different aspects of your work) and your personal life?

My wife and I travel as often as possible to see our grown up children, who all live away from home. After long days at work, I also think that it is important to have an interest whereby you can completely switch off.

What advice would you give a medical student considering GP as a career?

I would advise them to travel as much as possible before settling down – but you can combine both as I do working with the Lake Clinic. I once got a job with the Zambian flying doctors but didn't take it as I would have been working on my own and I suggest that it's helpful when you are a junior to be working with people that can teach you.

What advice would you give to your former self at the same stage?

Go for it, seize the moment and be ambitious but always be kind.

What was your most embarrassing moment?

At a funeral director's. I was late and in a hurry and the person working there was nervous and new and, crucially, had a fear of corpses. We went to the fridge and I hurried things a bit. The office person was anxious and pulled the tray out too far and the corpse slid slowly but irrevocably off the tray and on to the floor.

There was no one else there to help. I had to do almost all of the manoeuvring myself and this took a very long time. The assistant was unable to manage and unable to do anything and in tears. I felt I was to blame as it would probably have been ok if I had not been in a hurry!!

And finally - suggest a book or film that medical students should read or see.

I recommend that students read the book Being Mortal by Atul Gawande and watch the film One Flew Over The Cuckoo's Nest.



Dr Becky Jarvis

Interviewed by Becca Williams, Year 3

What do you do?

I'm a General Practitioner at St Peter's Medical Centre and I also work as the Brighton and Hove Clinical Commissioning Group (CCG) Clinical Lead for Mental Health. The CCG is responsible for the budget for planned hospital care, emergency care, mental health and community health services for the city. I am responsible for negotiating contracts and monitoring the performance and quality of mental health services within primary and secondary care, as well as some voluntary sector contracts. We work with Public Health and Secondary and Primary Care clinicians to develop new services for which I help develop a service specification (contract) which often has to go out to tender. This involves leading a clear clinical vision of what we want to achieve for patients with good measurable patient orientated outcomes and getting value for money for the NHS.

How did you get to where you are now?

I qualified in Nottingham and did a Vocational Training Scheme (VTS) in Derby. I subsequently worked as a locum GP until I moved to Brighton in 1995 and became a partner at St Peter's Medical Centre. I have always had an interest in mental health and have worked in commissioning for the last five years.

What is the best part of your job?

I love my clinical job and one on one consultations with patients. Being in the same practice for 20 years means that I have looked after generations of patients and it has been a privilege to be part of their lives. My work with the CCG allows me to see first-hand the positive impacts new mental health initiatives can bring to my patients' lives.

If you could delegate part of your job to a specially trained robot, which part would you choose?

Looking at spreadsheets!

What GP superpower would you like to have?

The ability to improve primary care as a whole and boost morale in general practice.

How do you see the future of general practice?

Primary care is still the heart of the NHS and the continuity and quality of care in the UK is what keeps it beating. I hope that there'll be continued investment in primary care and that practices are strengthened and expanded into multidisciplinary teams with the patient at the centre.

What country in the world do you think offers the best primary healthcare?

Definitely England. In evaluations that I have read, it always comes out near the top for quality of care, access and value for money.

How do you balance your work (or different aspects of your work) and your personal life?

Honestly, quite badly. On average, I am working a minimum of 60-70 hour weeks so it can be tough to find a balance!

What advice would you give to a medical student considering GP as a career?

It's a brilliant career because you have autonomy that you don't always get in other professions. You can develop your career in your own way by choosing where you want to work, who you want to work with and, if you have particular speciality interests, your career can change with you.

What advice would you give your former self at the same stage?

I would tell myself to still pursue being a GP; I'm very happy with the path I've chosen.

What was your most embarrassing moment?

As a medical student, I was doing a neurological examination in an exam – testing coordination – and asked the patient to touch his nose and then my nose. They did this several times before I realised where I was going wrong and asked him to touch my finger instead. Miraculously I still passed!

And finally - suggest a book that medical students should read.

Being Mortal and The Checklist Manifesto both by Atul Gawande.



Dr Mary Flynn

Interviewed by Emma Davies, Year 4

What do you do?

My official title is Named Doctor for Safeguarding Children for Brighton and Hove Clinical Commissioning Group. My primary role is to support all health care professionals within primary care in their own safeguarding duties. This includes recognition and training of safeguarding issues and providing advice when uncertainties arise. I liaise with wider groups of professionals including those working in social services, education and police, to ensure systems, policies and procedures are implemented effectively and run as smoothly as possible. I am often involved in serious cases reviews as well as auditing the processes involved with safeguarding children. I also practice as a Roving GP. General practice potentially has no boundaries and is never ending, continuously questioning the limit of our responsibilities. We truly are a jack of all trades!

How did you get to where you are now?

After completing GP training, I gained experience as a GP locum and then principal. I completed an MSc in Primary Care and a PGCert in Medical Education as well as training to be a GP Trainer. This educational experience has helped me to facilitate people in their role of safeguarding.

What is the best part of your job?

Receiving positive feedback from people when something I have done has made a difference – this doesn't happen very often! For example recognition that people have learnt something from the training I have provided, and systems I have implemented work successfully. But probably the best part is always when you think you have made a difference for an individual patient.

If you could delegate part of your job to a specially-designed robot, which part would you choose?

ANY! In a way I already have – for example delegating training via e-learning courses.

What GP superpower would you like to have?

A way to unify ways different practices do things, for example for all GPs to use the same system for recording and storing safeguarding information – so that when you are searching for vital information when reviewing a case you can actually find it!

How do you see the future of general practice?

General practice will only have a good future if practices work together collaboratively, which is starting to happen.

What country in the world do you think offers the best primary health care?

No idea! I don't think we are too bad! But any primary health care system in an ideal world must collate all information of registered patients, be a central hub for patient health and to remain a place of advocacy for patients.

How do you balance your work (or different aspects of your work) and your personal life?

It is extremely challenging. I have set personal boundaries, reduced the number of hours I work and learnt to be flexible with my different roles.

What advice would you give to a medical student considering GP as a career?

Don't consider a career in GP if you think it's a 'second choice' and see it as an easy option, because it certainly isn't. Consider GP if you are genuinely fascinated and interested in it, and have thoroughly explored what the role entails. As a GP you are never, ever bored; you never know what you're going to get through the door and there is no such thing as a typical week.

What advice would you give to your former self at the same stage?

Don't worry about sticking to the straight path to a certain career – any detours along the way are always valuable. Setting your own boundaries between work and life is crucial for personal sanity and survival!

What was your most embarrassing moment?

Life is full of embarrassing moments! Off the top of my head there was a patient who came to see me, requesting benzodiazepines and opiates, but I didn't prescribe them. He left shouting about how I was such a bad doctor, but I wasn't embarrassed – quite the opposite in fact. It is however embarrassing when you get phoned by the pharmacist to say that a prescription you've written is incorrect – have a good relationship with the pharmacists!

And finally - suggest a book or film that medical students should read or see.

The Boy with the Topknot written by Sathnam Sanghera is a great book exploring mental health, culture, society, embarrassment, families and adolescence.



Dr John Darcy

Interviewed by Haniah Habash-Bailey, Year 3

What do you do?

I am a full time senior partner at a small surgery near Horsham. As part of this role I also represent the practice at CCG meetings. For the past 25 years I've also been involved in providing pre-hospital emergency care with the British Association of Immediate Care. This involves being on call 24 hours a day to potentially be summoned by South East coast ambulance service to assist in out of hospital emergencies.

I'm also on call to provide medical care for the British International Search and Rescue Team. This role has taken me around the world, for example to Turkey, Kashmir, Haiti and Japan.

How did you get to where you are now?

I completed a year of training in emergency medicine before starting the GP training scheme.

I was then approached to assist with the International Search and Rescue Team which has helped inform my work here in terms of giving me perspective about facing difficult challenges and reflect that life could be a lot tougher.

What is the best part of your job?

Being independent and able to make your own decisions about the hours that you work, who you work with and developing your own special interests. I also really value the one-to-one contact with patients and watching them develop over time.

If you could delegate part of your job to a specially-designed robot, which part would you choose?

Administrative functions – in particular paperwork. Though some of it (e.g. audits) is very relevant, and important for providing a benchmark against colleagues both nationally and internationally.

What GP superpower would you like to have?

The power of infallible diagnostics (x ray eyes in particular). This would save a lot of time on investigations and treatment.

How do you see the future of general practice?

General practice will invariably go through peaks and troughs (in terms of work-force morale, public popularity, etc.) but will always exist, as GPs are essential gate-keepers of the NHS.

What country in the world do you think offers the best primary health care?

The UK, because it offers the most cost-effective care per capita and is the most humane at looking after those who are most vulnerable in society, as it is free at point of care.

How do you balance your work (or different aspects of your work) and your personal/family life?

Achieving this balance is vitally important and can be done but you can't take anything for granted and need to regularly review your situation. Having a sympathetic partner also helps.

What advice would you give to a medical student considering GP as a career?

No hesitation in recommending it. One of the best things is being able to develop your own interests, and also having the independence of helping run your own business.

What advice would you give to your former self at the same stage?

Find role models that inspire you and you can emulate in the fields that you are interested in, get as much early experience as possible (e.g. by going to conferences, networking, etc.).

What was your most embarrassing moment?

I was doing teaching with some medical students about how to open medical interviews and advised that when you say, "What brought you here today?" some people might respond with their mode of transport. A patient subsequently came in and when the medical students asked what brought him here today, he replied, "A scooter". I interjected saying to the students, "See, I told you!", when I had misheard, and the patient had actually said, "a verruca"!

And finally - suggest a book or film that medical students should read or see.

Book: Reckoning with Risk: Learning to Live with Uncertainty by Gerd Gigerenzer.

Film: Heaven can Wait (my favourite film!).



Dr Jonny Coxon

Interviewed by Manimaran Jayamurthy, Year 4

What do you do?

I work three days a week at a practice where I am a partner, seeing patients and performing minor surgery. I am the IT and QOF lead at the surgery. One day a week I work in the urology department, mainly performing flexible cystoscopy. I am also the chair of the LMC (Local Medical Committee) liaison group, liaising with the health service providers in the area. I give talks on prostate cancer and I am currently setting up a private sexual medicine clinic.

How did you get to where you are now?

I used to be a urology trainee but wanted more variety and a better work-life balance than I saw the consultants having. I switched and worked for a drug company for a while which I did not enjoy and on coming back to medicine, general practice ticked all the boxes I wanted.

What is the best part of your job?

I enjoy the variety of GP – not knowing what is going to come through the door. In general practice you are an old style generalist but also have the freedom to add other bits, such as teaching, meaning you can achieve a great balance.

If you could delegate part of your job to a specially-designed robot, which part would you choose?

The paperwork – especially the non-clinical paper load. However, it's hard to know how clinical the work is until you get into it!

What GP superpower would you like to have?

Instant ability to reduce anxiety and improve mood. This is a large part of the GP workload and some do this better than others.

How do you see the future of general practice?

There will be more integration between practices alongside bringing back into general practice the services which have been lost, such as health visitors. There shall be more appreciation of the generalist role of GPs, meaning longer appointments with the more complex patients.

What country in the world do you think offers the best primary health care?

Hard to answer as I've only worked in the UK. But ours because we have good universal access – most people are registered with primary care. It is good value for money.

How do you balance your work (or different aspects of your work) and your personal life?

I used to work for a CCG but I stopped as it is vital to be aware of when you are doing too much and reduce what you do. It's important to draw a line and say, 'This is how much I am willing to work'. Currently, I get through everything I can while at work so when I get home, I can leave work at the door and just switch off.

What advice would you give to a medical student considering GP as a career?

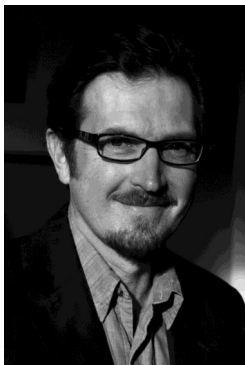
Keep your options open and throw yourself into all your rotations. Keep exploring, thinking and wondering if you can see yourself in that speciality.

What advice would you give to your former self at the same stage?

GP was at the bottom of my list at this point in medical school but I realised later on that it was the one that fitted. So don't dismiss things because of what others say but see if you enjoy what you do.

And finally - suggest a book or film that medical students should read or see.

The Chimp Paradox: The Mind Management Programme to Help You Achieve Success, Confidence and Happiness by Prof Steve Peters – it helps you understand why all of us sometimes act the way we do.



Dr Ian Williams

Interviewed by Alice Ryrie, Year 4

What do you do?

I'm a part time GP, comics artist and writer, based in Brighton, UK. I contribute a regular comic strip, Sick Notes, to the Guardian newspaper. I founded the Graphic Medicine website in 2007 and currently edit it with MK Czerwicz. My graphic novel, The Bad Doctor, was published in the UK by Myriad Editions in North America by Penn State University Press and in France by Marabout. I am co-author of the Graphic Medicine Manifesto and I have written for various medical, humanities and comics publications.

How did you get to where you are now?

Via a long and circuitous path. I have always drawn and painted, and won prizes for it at school. After medical school I started exhibiting my work, but was dissatisfied with being self taught, so I enrolled part time in Art School. I built up a side career as a painter and printmaker, working part time in general practice. I decided to enrol in an MA in Medical Humanities and I wrote my dissertation about comics and medicine. There was very little written on the subject then. I set up the website GraphicMedicine.org which changed my life.

If you could delegate part of your job to a specially-designed robot, which part would you choose?

In general practice, the letter writing. And I'd probably get the robot to draw comics, too, so I could just sit around in my pants drinking tea and listening to the radio and looking out the window.

What GP superpower would you like to have?

To be able to sort peoples' problems out in 10 minutes and run to time, to be able to think faster and know all the answers.

How do you see the future of general practice?

Well...It is in a nadir at the moment. This tends to happen, it goes through peaks and troughs. At the moment it is in a trough. I think it will peak again, in terms of popularity, and that peak will be driven by money. It will become more technical, with more in-house diagnostics, more like General Medicine, which became extinct a few years back.

How do you balance your work (or different aspects of your work) and your personal life?

I do GP two days a week and comics, or writing, for all the rest of the time, except when I am asleep. My girlfriend is a novelist and journalist and we never really switch off. We are always thinking about work, or discussing stories or pitches or ideas.

What advice would you give to a medical student considering GP as a career?

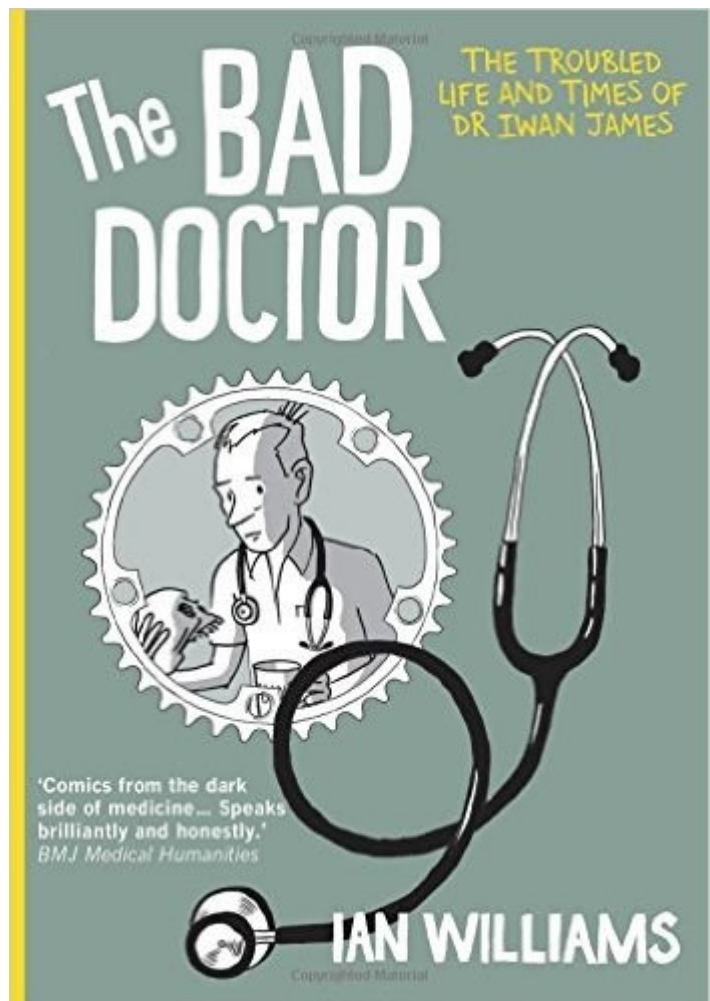
I think it has great potential if you want a well paid, flexible, career. GPs can pretty much decide how many days they want to work, and where they want to work.

What advice would you give to your former self at the same stage?

Do what you love, and don't worry about what other people think.

And finally - suggest a book or film that medical students should read or see.

Probably Nothing (a graphic novel) by Mathilda Tristram.





Dr Gavin Colthart

Interviewed by Zeeshan Saeed, Year 3

What do you do?

I work as a locum GP one day a week and as a Phase One GP facilitator at BSMS. In addition to this, I act as a marine research expedition medic and I am a medical advisor for Blue Ventures, an NGO working with fishing communities in Madagascar and Belize (<https://blueventures.org/about>). I am also a qualified yoga teacher.

How did you get to where you are now?

I originally trained in New Zealand and since then I have had an array of jobs that have led to my current post as a GP, including work as a medical editor, a management consultant, running a mail order book business and also completing a degree in Fine Art. I also worked within the House of Commons for two years, gaining a unique insight in to health law and policy.

What is the best part of your job?

The best part of my job as a GP is the holistic and patient-centred approach to care that I get to practise directly within the community. I also enjoy the challenge to my communication skills this brings.

What GP superpower would you like to have?

Given the limited time one can spend with a new patient, the one GP super power I would like to have is the ability to telepathically and instantly extract a complete medical and social history from the electronic record.

Which country do you think has the best primary care system?

I think that the UK has one of the best primary health care models – which many countries around the world aspire to and which is a unique UK treasure.

What advice would you give to a student considering a career in general practice?

I would advise that medical students interested in general practice should gain as much work experience as possible within a primary care setting throughout medical school. You can do this by choosing an Independent Research Project (IRP – in Year 4) and/or an elective based within primary care.

What advice would you give to your former self at the same stage?

I would advise my former student self to gain as much general medical knowledge and experience as possible, even including specialty exams (such as MRCP Part 1, Diploma in Child Health, DRCOG).

And finally - suggest a book or film that medical students should read or see.

Some great debate-generating books for medical students to read are:

The House of God by Samuel Shem;

Bad Pharma by Ben Goldacre;

Manufacturing Consent by Edward S. Herman & Noam Chomsky.



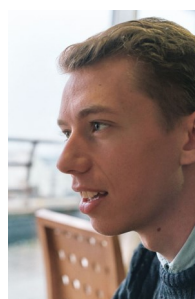
Contributors



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Year 4



James Barber
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Nathan Hodson
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Becca Williams
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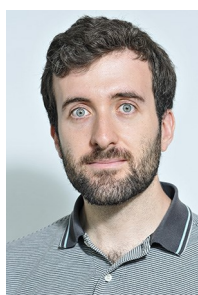
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Year 2



Haniah Habash-Bailey
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Alice Ryrie
Year 4



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Year 4