



Women in Academic Medicine Role models





Professor Dame
Parveen Kumar

Foreword

Do we need role models? An easy question to answer as all of us are inspired by someone in our lives. From early life when our role models may have been our parents, pop stars or footballers, we transition to a more mature view on life and adopt personalities we would like to emulate. The inspiration can come from many aspects of a person's life: from their work or achievements, their leadership, communication skills, and interaction, or from being just themselves showing leadership, humility, hard work and a high moral standing. Often, they are just 'ordinary people doing extraordinary things.' One can have one or more role models. Role model 'searchers' can, of course, be greedy and have several role models, choosing the best qualities from each of them.

So, whatever your inclinations are to find role models, it would be worthwhile looking into this book. It is a wonderful collection of insightful stories of the lives of women who have been inspired, as well as those who are inspiring. It has an engaging 'question and answer' format, with the questions being asked by a nominator to a nominee. The nominator might herself be a role model or be nominating a role model of her own. We learn about their lives, thoughts and wishes for the future, and how they achieved their ambitions. Life is difficult enough as it is, but you might find just that right coping strategy you need from reading the views expressed by the role models in this book. Truly inspiring!

Professor Dame Parveen Kumar, BMA Board of Science chair

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Dr Carmen Soto

Introduction

The Women in Academic Medicine group first conceived the idea for this collection of role models a few years ago, as one way of addressing the lack of visibility of female academics in the medical world. Between collecting our first nominations and the much-delayed launch of this report, many things have changed. I have tried to update this introduction several times over this year – but each time, some new challenge seems to appear. We remain in the midst of a global pandemic – Covid-19 continues to spread globally, and the impacts of this will be felt in health, economic, and social systems for many years to come. The effects of racial prejudice and discrimination have been highlighted, yet again, by the Black Lives Matter protests. The impact of climate change can be felt in the wildfires devastating vast swathes of vital habitat across the world. In these challenging times, identifying strong and powerful role models feels even more important.

The trigger for this piece of work was a growing realisation within the group that, despite the progress made in increasing the number of academic training places, there remains a significant gender disparity in academic medicine – particularly in more senior roles. This difference becomes apparent at the post-PhD stage and the gap widens with increasing seniority (number of female professors). This does not appear to be primarily a ‘pipeline problem’ – for over a decade, around half of early career fellowships have been women. Nor does it seem to be something that will improve solely by attracting women into clinical academic careers early on, as there has been little change in the gender diversity of post-PhD.

There is no easy way of saying this: academia is not a diverse field, especially at senior levels. Not only in gender, but in the intersection of other ‘protected characteristics’ such as ethnicity and disability. 0.1% of professors in the UK are black women. I keep re-checking that percentage, but it doesn’t change. 3% of UK professors (of all genders) are disabled. Diversity also seems to occur in geographical clusters, rather than distributed across the country, suggesting that some universities at least are addressing these issues.

The reasons for these disparities in academic medicine are, in the main, poorly understood – something that the WAM group, and others, are addressing by developing more research into this area. Nonetheless, there are some things that we know make a difference. The presence of role models is one factor.

This document is intended not only as a celebration of these women who are inspiring others to pursue careers in academic medicine – but also as a way of increasing the visibility of these role models. After all ‘you can’t be what you can’t see.’



What is a role model?

Role models are people that we admire, and who demonstrate behaviours that we try to emulate. Inspirational, life-changing – and able to make a difference to the people around them. When we drew up our list of nominees, it was important that the women included were not only successful in their academic careers, but that they had this key quality of inspiring those around them.

We asked for nominations from a wide range of different sources – launching our call at the bi-annual WAM conference in 2018 (this in itself attracts women from medical students to established Professors across a range of disciplines), and circulating the call through social media. The nominations were reviewed by the WAM group, and selected nominees were asked to reflect on their experiences and pass on any advice that they might have for the future.

These reflections were then reviewed by the members of the WAM group and discussed at length before the decision was made to include the nominees in the cohort. I am extremely grateful to the WAM group members who took the time to review and discuss these submissions – a process that took many months, multiple emails, and some (partially) successful navigation of the video-conferencing system.

Along the way, we had multiple discussions about what being a role model meant – what characteristics were needed, and whether a nominee needed to have reached a certain stage of their career or have a particularly wide reach in their influence. What was striking was how many of our nominees commented on how surprised and touched they had felt to be nominated, or that they didn't feel that they were role models.

As we read through the responses as a group, we found many of the experiences described resonated with our experiences as well. Our nominees talk about the importance of finding trusted support structures; of realising that careers follow different pathways and trajectories; and, perhaps most important, of developing a sense that it is possible to be a medical academic – in one's own way and within one's own priorities and values.

Ultimately, we came back to this key characteristic – to have inspired and influenced others. The women in this document include some women who are well-established in their careers, and who have made an impact at a national and international level. But it also includes women who are earlier on in their journey and whose true impact has yet to be felt. Nonetheless, they all have inspired and motivated those around them; they have certainly inspired us as a group; and I hope that through this document, they will continue to inspire more women in academic medicine.

Dr Carmen Soto, Immediate Past Chair of the MASC Women in Academic Medicine Group

Nominees

'Inspiration can come from many aspects of a person's life: from their work or achievements, their leadership, communication skills, and interaction, or from being just themselves showing leadership, humility, hard work and a high moral standing.'

Professor Dame Parveen Kumar, BMA Board of Science chair



Lucy Chappell

Lucy Chappell

About you

Current post, speciality and area of research

NIHR Research Professor in Obstetrics, Maternal pregnancy complications, particularly hypertension in pregnancy.

What is your current role in education, training and/or research?

I lead an active research group focusing on pregnancy hypertension and other maternal pregnancy complications.

Your role

What inspired you to become a clinical academic/take up your current role?

I was inspired by clinical and academic curiosity to ask how we could improve care and outcomes for pregnant women. I enjoy clinical work immensely, but have always wanted to ask more: Why is this happening? How could we prevent it? What might work better?

Have role models informed your career development? If so, how?

Role models have been important, and have come in all varieties, including 'anti-role models'. There were very few clinical academics who were working mothers in my specialty when I was training, and even fewer who were visible, as many of us felt that it would harm our careers to let on that we had a world outside of work. But a few key people provided quiet encouragement. The anti-role models are those where I was determined never to treat others as I had been treated; I maintain that they are just as powerful as the positive role models in shaping who we are and how we behave.

What importance would you place on mentors and supervisors in ensuring a successful clinical academic career? Are there any particular personal mentors or supervisors you'd like to mention and why?

I have had strong support from several persons who have kept faith in me and helped make opportunities happen. Recently, I have used the co-chief investigator approach. This has been invaluable in enabling me to make the transition to research group leader.

What motivates you most in your current role?

Two things: the pregnant women who I look after, and the next generation of researchers.

What features of the roles that you have undertaken do you enjoy most? What are the features that you like the least?

The best bits are when you make a scientific discovery, however large or small, that changes practice. I don't expect it to happen very often in a career, but it's amazing when it does. The second is when you have played some part in a person's career journey, and you see them fulfilling and exceeding their potential. A high proportion of my research group take maternity leave and/or work part-time during their research years, but it seems that some group leaders highly discourage this. It's fantastic when you see talented individuals grow, who might otherwise find it very difficult to pursue a clinical academic career.

I like the unnecessary bureaucracy least, and anyone with a 'can't do, won't do' attitude.

Your career

What do you feel have been your best, and worst career decisions?

My best decision was taking an opportunity to do a PhD when the training pathway changed. Many of my best decisions have been stepping sideways from the main path, or career ladder, and exploring off road.

What advice do you wish you could have given your past self?

Focus on collaborating with people who you trust, and who you enjoy working with. Good science follows strong collaborations.

Kate Duhig (nominator)

Reason for nomination:

Lucy is an NIHR research supervisor who has three young children and completed her training on a part time basis. She is my PhD supervisor and has been fully supportive of my decision to have my three children during my PhD. She has many fellows (past and present) whom she has fully supported through academic training with family, pregnancy and flexible training commitments.

‘Many of my best decisions have been stepping sideways from the main path, or career ladder, and exploring off road’

What are the main challenges that you have faced, and how have you approached them?

There have been numerous challenges, and there continue to be more. A working mother does (at least) two full time roles, and I am still in the thick of it. I’ve had several major bumps in the road and have used different strategies to tackle each one, but I’ve also tried to think about what I can learn from each one. I have used a combination of strategies to keep going: asking mentors whose opinion I value, formal leadership training, and perseverance.

Do you feel that you had to make sacrifices to pursue your chosen career path? If so, what were they?

There are still glass ceilings and sticky floors in clinical academic medicine. In my experience, women rarely move around and across countries in the same way that men at the same stage do, usually for personal, family and caring responsibility reasons. But I have tried to make the most of opportunities that have come my way.

Supporting women in academic medicine

‘Aim high and don’t be afraid of failing’

What advice would you give to women considering a career in academic medicine?

Find your research passion. Don’t be afraid to explore opportunities. Collaborate with those who you trust. Aim high and don’t be afraid of failing.

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

There are challenges relating to being a woman, and others relating to being a mother, with overlap between them. Some of these mainly relate to additional responsibilities outside of medicine, such as responsibilities that are not often equally shared between a couple or between parents.

‘The quality of the science matters more than the quantity of hours at a desk or laboratory bench’

What advice would you give on managing these challenges successfully?

Persevere and try and find a research environment where you are valued for your commitment and contribution, not for less important attributes. Gender, skin colour should be irrelevant, and the distinction between full-time and part-time is arbitrary. All academics with a clinical practice are part-time researchers; the quality of the science matters more than the quantity of hours at a desk or laboratory bench.

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

I would change societal expectations around gendered roles, so quite a big ask.



Jane Dacre

Jane Dacre

About you

Current post, speciality and area of research

I am Professor of Medical Education at UCL. My research interests are medical education, in particular assessment and examinations. My current passion is women in medicine and the gender pay gap.

What is your current role in education, training and/or research?

I have recently demitted office as the third ever female President of the Royal College of Physicians. I have returned to UCL after a four-year secondment and am re-establishing myself in my old department. I am building on my national profile as a researcher and supporter of women and medical education.

Your role

What inspired you to become a clinical academic/take up your current role?

When I was a trainee, I was inspired to get into medical education to try to make things better! I started by teaching juniors and medical students whilst working as a medical registrar. There seemed to be so much to do. One of my first traumatic experiences was putting in my first pacing wire as an emergency procedure, having not been taught how. This made me focus first on improving training in clinical skills and practical procedures. I went on to be the clinical lead in the setting up of the first clinical skills centre in the UK, at St Bartholomew's Medical College. Once we had a skills centre, I realised that the students needed an incentive to use it. I introduced practical skills testing in a new kind of exam called an OSCE. That got me interested in assessment, and I began to research and design assessment methods and examinations.

Medical Education is an orphan area in research terms. If educators want to be valued as much as their research peers, we need to add scholarship to our portfolios. That was what spurred me on into research in medical education. Data was easier to come by in my work in assessment, and so, with colleagues, we started to use traditional research methods to look at how students and doctors were doing. It was a fascinating area, and new at the time.

Have role models informed your career development? If so, how?

I am a firm believer in the adage 'What you can't see, you can't be', so am very keen on role models. My most influential role model was Parveen Kumar. She was an academic, a clinician, a mother, and a lovely person. As a registrar, working with her, she made me see what was possible.

What importance would you place on mentors and supervisors in ensuring a successful clinical academic career? Are there any particular personal mentors or supervisors you'd like to mention and why?

Mentoring is crucial to support young academics, educators and doctors. Now that I am more senior, I see its importance even more. It is easy to spend time supporting people, and hugely rewarding for the mentors... and, I hope, the mentees.

What motivates you most in your current role?

I am motivated by improving the wellbeing of doctors. My work as the lead for the Government's *Independent review of the gender pay gap in medicine* is the most powerful motivation: to support my research colleague, Professor Carol Woodhams and her team to establish the evidence, and use it to promote a change in culture in medicine.

What features of the roles that you have undertaken do you enjoy most?

What are the features that you like the least?

I always like the people most, in any role I take on: patients, colleagues and family. I get frustrated when good ideas are stifled by necessary, but burdensome systems.

Louise Verill (nominator)

Reason for nomination:

Jane Dacre is brilliant and has shown it is quality and not quantity that rises to the top.

‘Don’t worry so much about what others think about you’

Your career

What do you feel have been your best, and worst career decisions?

My best career decision was to go into medical education. It was a big risk at the time, as it was an unrecognised specialty, with low prestige, but it has paid off. My worst decisions have been when I have not had the passion to get the job done well.

What advice do you wish you could have given your past self?

Don’t worry so much about what others think about you. The best is the enemy of the good.

What are the main challenges that you have faced, and how have you approached them?

It is very tricky to be working, to have a family life, and to keep on top of everything. I just kept going, and it turned out okay.

Do you feel that you had to make sacrifices to pursue your chosen career path? If so, what were they?

When my children were younger, I felt as if I never did anything properly, and never had any time to myself. I missed some school plays and sports days. But now, fortunately, my family don’t seem to remember.

Supporting women in academic medicine

‘Don’t let the system beat you and focus on what you think is important.’

What advice would you give to women considering a career in academic medicine?

Don’t give up. Become part of the culture change and become a role model for others. Don’t let the system beat you and focus on what you think is important.

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

Academic medicine is a big challenge because of the multi-tasking required to be successful. Keeping all the balls in the air is problematic.

What advice would you give on managing these challenges successfully?

Be yourself, work as flexibly and efficiently as you can, and remember that no one is perfect.

What do you think are the most significant measures that have aided progress for women in medicine or academic medicine?

Acceptance of the benefits of having women in the workplace, and the need for part time working, and recognition of the issues that need addressing to keep us there.

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

I would sort the gender pay gap, as it is a subtle metric of the value of women in the academic workforce.

‘Culture change is difficult, but it is worth doing’

Any further comments that you would like to make?

We have an opportunity to make some real changes in the inclusivity of the academic workforce. Culture change is difficult, but it is worth doing.



Anna David

Anna David

About you

Current post, speciality and area of research

I am Director of the Elizabeth Garrett Anderson Institute for Women's Health at University College London and an NHS Consultant and Professor in Obstetrics and Maternal Fetal Medicine. The Institute covers the life-course of women's health and provides a fantastic opportunity to collaborate across the specialties to improve the health of women and their families. Through my research I am developing a portfolio of novel therapies to treat diseases of pregnancy such as fetal growth restriction, and severe life-threatening congenital diseases in the fetus.

What is your current role in education, training and/or research?

I lead a research group (Prenatal Therapy), supervise postgraduate research degree students (MD and PhD), lead a module and teach on MSc courses at the Institute. I am an accredited supervisor with the London Deanery for Specialty Trainees in Obstetrics and Gynaecology, and I teach medical students at UCL.

What inspired you to become a clinical academic/take up your current role?

During medical school I was always very interested in therapeutics and why patients became ill. I was and still am fascinated by pregnancy and the little person that the fetus becomes. It is a privilege to accompany women on their journey to have a family. I still enjoy fetal ultrasound scanning which gives a window into the fetal environment. Being a clinical academic means that I can improve the care and outcomes for all patients and not just for the one patient in front of me.

Have role models informed your career development? If so, how?

I have been inspired by a number of role models at all levels of my career. As a PhD student I was supervised by two outstanding professors, one a scientist leader in gene therapy, Professor Charles Coutelle; and the other a pioneer fetal medicine consultant, Professor Charles Rodeck. Both provided me with space to explore the area of fetal genetic therapy whilst providing little nudges every so often to keep me on track. I still enjoy our discussions nearly 20 years on and I try to use their approach when supervising my own postdoctoral students.

What importance would you place on mentors and supervisors in ensuring a successful clinical academic career? Are there any particular personal mentors or supervisors you'd like to mention and why?

Either informally or formally I believe that mentors are hugely important. They can come from many fields, not just clinical. My PhD supervisors are still great mentors. Others within my Institute such as Professors Neil Marlow and Donald Peebles provide senior strategic guidance. I found an Executive Shadowing Programme at UCL for women especially useful, where I joined Professor Geraint Rees, Dean of the Faculty of Life Sciences for a week.

What motivates you most in your current role?

I am most motivated by the opportunity to improve the care of my patients and to train the next generation of innovators in women's health. We have made small but significant steps to reduce pre-term birth, improve outcomes in fetal growth restriction and fetal structural abnormalities, but there is so much more to do. Leading the Institute for Women's Health means that I can nurture the next generation.

The most enjoyable part is catching up with my research team to discuss results or brainstorm new research ideas, and meeting Institute staff to find out what they are working on and support them towards their goals.

Your career

What do you feel have been your best, and worst career decisions?

My best career decision was persisting with trying to get into medical school. I turned down an offer to study a related pure science subject at Oxford, because what I really wanted to be was a doctor. I have never regretted any career decisions, like working in Australia for a year, which was a brilliant time for increasing clinical confidence.

Jane Currie (nominator)

Reason for nomination:

Anna David has helped me to see myself as an academic despite a non-standard academic career path and the challenges of motherhood during my PhD and subsequent academic and clinical pathway. She has supported me and built my confidence. I am going on to further academic work and would not have done so without her mentorship. When I became pregnant, she was pleased for me and gave me lots of tips about combining motherhood with research. At no point did I feel my pregnancies were a burden.

Now, as well as Professor of Obstetrics, she is Director of UCL's Institute for Women's Health, an Athena Swan Gold institute, and in this role she is dynamic and supportive of all who are interested in academia.

‘Being a clinical academic means that I can improve the care and outcomes for all patients and not just for the one patient in front of me’

What advice do you wish you could have given your past self?

What seems difficult now will appear different in the future when you look back. I would advise myself to access leadership and coaching support far earlier than I did – I only attended a leadership course when I had been appointed as a Senior Lecturer for a few years and it would have been extremely helpful to have this insight far earlier.

What are the main challenges that you have faced, and how have you approached them?

The challenge as a clinical academic is how to fit it all in. I found some coaching advice on diary planning and delegation invaluable in improving time management. Time is my resource that I choose – perhaps unconsciously – to use on various tasks and it is vital to understand this concept.

For example, I choose to work extra hours when I have a deadline which means that work encroaches on family time. But on the other hand, being a clinical academic means much more flexibility in how I work. I choose to work from home one day a week for example, which in the past when my family were younger, meant that I could do school runs etc. This was very different to my full time NHS colleagues, many of whom had no such flexibility in their timetable.

‘What seems difficult now will appear different in the future when you look back’

What advice would you give to women considering a career in academic medicine?

Get support early on in time management skills, delegate if you can, but acknowledge those to whom you delegate and thank them. Network widely with other disciplines. I have had great fun working with engineers and medical physicists harnessing their innovations to improve women’s health. Put yourself forward for opportunities such as leadership positions or committees, but only if they interest you.

‘Put yourself forward for opportunities such as leadership positions or committees, but only if they interest you’

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

Impostor syndrome exists, even in senior academic women! Seeing few women in positions of seniority in academic medicine makes it more difficult to see ourselves there and that I believe is part of the issue.

Acknowledge ‘impostor syndrome’ and then try to move on. Try to think about both sides of the opportunity. Balance the thought ‘I don’t think I can do this’ with ‘What will happen if I choose to do this?’

I found the UCL Executive Shadowing placement invaluable in providing me with the opportunity to imagine myself doing a senior academic role. There should be more such schemes – perhaps you could suggest one at your institution?

‘Seeing few women in positions of seniority in academic medicine makes it more difficult to see ourselves there and that I believe is part of the issue’

What do you think are the most significant measures that have aided progress for women in medicine or academic medicine?

The advent of ‘Calman’ run-through training meant that women were not dependent on being interviewed every year for the next job. That gave freedom to those who chose to start a family.

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

There are still insufficient opportunities to get funding for clinical academics who wish to train less than full time, such as the Chadburn lectureship scheme. We need more such schemes to enable those with caring responsibilities to take the time out in their career at the point in their lives that they need to do so.



Tamsin Ford

Tamsin Ford

About you

Current post, speciality and area of research

I have been Professor of Child and Adolescent Psychiatry at Cambridge since October 2019 and before that was at Exeter Medical School. My research focuses on the interface between mental health and education, childhood psychiatric epidemiology and the effectiveness of clinical services and interventions. We study the full continuum of mental health, including well-being, rather than restricting our focus to children who meet somewhat arbitrary diagnostic criteria. Similarly, our focus extends to all services, practitioners and interventions that relate to child mental health rather than just those confined to specialist mental health services.

What is your current role in education, training and/or research?

My primary focus is research, but I have always taken on additional roles. In Exeter, I was the lead for clinical academic careers within the medical school for many years, including setting up and leading the INSPIRE programme for students, the ACF and ACL programmes and being the Exeter director of the Wellcome GW4CAT clinical PhD programme. I have been on the Board of the Association of Child and Adolescent Mental Health for nearly 10 years and was selected to be Vice-Chair in June 2019. My initial involvement was as one of the editors of their journals. The first year of my arrival at Cambridge has focused on regrouping the Child and Adolescent Resilience and Mental health research group (ChARM) and dealing with a lot of Covid-19-related research. However, I am beginning to build links across the wider university and to take on additional responsibilities, including being selected to be Head of the Department of Psychiatry.

What inspired you to become a clinical academic/take up your current role?

I am unusual as a clinical academic in that I completed all my clinical training before starting as a clinical research worker on the first National Child Mental Health Survey. I completed my specialist training at the Bethlem and Maudsley, where I was surrounded by excellent research and nationally renowned researchers. This environment created an interest that the actual experience of working on research crystallised. This is why I am keen to create experiences for trainees to join research projects.

Have role models informed your career development? If so, how?

I have been very lucky to benefit directly from the wisdom and support of a great many senior clinicians and peers in my training and subsequent career. The common theme is that they all encouraged me to do things that I thought I could not. My chemistry teacher, Mrs Wilson, changed the course of my life by encouraging me to take chemistry A level.

The decision to do so opened up the possibility of the medical career that I had not even considered. As a core trainee and beyond, Alison Hall and Navina Evans encouraged me to be a child and adolescent psychiatrist, while Isobel Heyman, Anula Nikapota, Robert Goodman and Eric Taylor have been important sources of advice and support during my research and senior clinical training. More recently Linda Gask has been a hugely important and patient source of wisdom.

What importance would you place on mentors and supervisors in ensuring a successful clinical academic career? Are there any particular personal mentors or supervisors you'd like to mention and why?

Over the years, I have been extremely lucky to have trainers and colleagues who provided excellent role models, many of whom I am still in contact with. The support and advice of 'critical friends' is essential for all of us, whether in a formal supervisory or mentorship relationship or informally. But there is also much to learn from observing and talking to others in your clinical and research fields.

Tamsin Newlove-Delgado (nominator)

Reason for nomination:

Professor Ford has consistently provided support and encouragement to women in academic medicine; and acts as an excellent role model. In particular, she is generous with offering all junior colleagues' opportunities to develop their profile and take on leadership roles, and actively builds their confidence. The example she sets encourages those she works with to try and support and encourage others in their turn, and therefore it is particularly valuable.

‘They all encouraged me to do things that I thought I could not’

What motivates you most in your current role?

I am privileged to get up every day and do a job that I enjoy. Every contact with a child or young person represents an opportunity to identify distress and to intervene to improve a child’s developmental trajectory. My research is very much applied; and is often quoted in policy documents. It gives the sense that our work is contributing to improvements in services and interventions and ultimately the mental health of children and young people. This is hugely important to me. I also love the intellectual challenges thrown up by research in such a complex area. Study design, analysis and writing are my favourite aspects of the research process.

What features of the roles that you have undertaken do you enjoy most? What are the features that you like the least?

There is a constant battle to protect time for ‘actual work’ – it can appear that endless administrative documents and meetings swallow the working day. However, nothing beats a well-functioning multi-disciplinary project: the discussions that emerge from the different perspectives, skills sets and knowledge bases are truly fabulous to be involved in. I also love the thrill of seeing others develop in their ideas, skills and confidence over time.

‘You cannot please everyone all of the time however hard you try’

What do you feel have been your best, and worst career decisions?

My best decision was to #ChoosePsychiatry. I have never regretted doing so, and have had an interesting and varied career.

My worst career decision was to drop Physics at O level (we could not do all three sciences). This resulted in having to take Physics O Level with my A levels and to take the A level in a year while all my friends were starting university or travelling. That said, I also learned to type and to dance, did a creative writing course, and took a psychology and sociology open access course. I was at 5 different FE colleges across South and West London and it was quite an experience. The typing and psychology have been very useful.

‘Find a research team that are working on questions that you find interesting and important and get involved’

What advice do you wish you could have given your past self?

I would tell myself not to worry so much what other people think. You cannot please everyone all of the time however hard you try.

What are the main challenges that you have faced, and how have you approached them?

I have always worked full time, but my family is also hugely important to me. My twin daughters were born during my Wellcome Clinical Training Fellowship. More recently, my mother who lived alone and 150 miles away was increasingly failing to cope. Being a large character, she had little insight into her condition, and being an only child, this was a hard situation to manage. I have a hugely supportive partner, and some extremely good friends and cousins who helped out. We got through these pressured times with ruthless prioritisation and chunking of tasks, regular yoga and more recently, running.

Do you feel that you had to make sacrifices to pursue your chosen career path? If so, what were they?

There are lots of things to do in life and lots of ways of being. Some in my generation were told you can have it all, but I think you have to prioritise. For me the focus has been work and family, and so my social life has suffered a bit. I would have loved to have kept in closer contact with old friends, been more actively involved in music – and I am the world’s worst cook. But there are only 24 hours in the day and I know my skill set.

What advice would you give to women considering a career in academic medicine?

Try it out to see if it suits you. Find a research team that are working on questions that you find interesting and important and get involved. Don’t be shy about asking questions and talking to people. Most of us have more data than we know what to do with and will be glad to have an interested person to work with their team.

‘Encourage yourself to take opportunities that present themselves to you’

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

One of the issues that women face is the tendency to underrate their competence, which may lead to others overlooking their expertise and interest.

The early career of a clinical academic involves passing membership exams, meeting clinical competences and getting your research career off the ground simultaneously. It is hard and demanding work for all, and often coincides with child bearing. This is tough for all new parents, but women often struggle more with guilt about working, and bear more of the household duties. I think attitudes are often more problematic than the actual logistics of juggling it all.

What advice would you give on managing these challenges successfully?

Try to become aware of the internal voice that undermines your confidence in yourself and test that against the evidence. Encourage yourself to take opportunities that present themselves to you.

In terms of family life, flexibility, a supportive environment and efficient time management are essential. It is fine to work part time for a while if you want to.

What do you think are the most significant measures that have aided progress for women in medicine or academic medicine?

Maternity leave is essential and having more women in medical school and most medical fields is important. There is nothing like personal experience to shift attitudes. The gender divide at PhD level for GW4CAT has been fairly equal in terms of applicants and appointments so I think we will see the proportion of senior medical academics who are female increase over the next few years.

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

Teaching and pastoral support are important, but grossly under-recognised academic roles – if they were accorded the respect due to them, they would not tend to be pushed towards women. A more even gender allocation in these roles would also lead to a more even gender allocation in research.



Ann Goldman

Ann Goldman

About you

Current post, speciality and area of research

Now retired from NHS – my last clinical post was as consultant and senior lecturer in paediatric palliative care at Great Ormond Street Hospital, London.

What is your current role in education, training and/or research?

I am a lecturer; I am involved in international meetings and I am currently editing the 3rd edition of the Oxford Textbook of Palliative Care for Children. I am vice president of 'Together for Short Lives' – the umbrella charity for children with life threatening illnesses, their families and for clinicians in the field.

Your role

What inspired you to become a clinical academic/take up your current role?

Identifying the need for children with life threatening illnesses and their families to have clinicians dedicated to improving their care (symptom management, psychosocial care and services) in their homes and their communities. I was the founder and leader of the palliative care service at Great Ormond Street Hospital. This was the first multidisciplinary palliative care team for children in the country and my post was the first dedicated medical post in the field in this country (and as far as I know internationally). My early research was in paediatric oncology but after I established the palliative care service, it focused on pain, symptom management and psychosocial care for children and their families.

Have role models informed your career development? If so, how?

Not particularly. I watched, reflected and learnt different things from the different people I worked with.

What importance would you place on mentors and supervisors in ensuring a successful clinical academic career? Are there any particular personal mentors or supervisors you'd like to mention and why?

I believe the responsibility mainly lies with each person to find the support that they find most beneficial. Support is very individual. It varies with personality; and needs are different at different times in a career.

What motivates you most in your current role?

What has inspired me in the first place; with the added wish to ensure the development of leaders for the future in paediatric palliative care; and the need to provide care for the children and families in low- and middle-income countries.

What features of the roles that you have undertaken do you enjoy most? What are the features that you like the least?

I enjoyed many aspects of the roles. Pioneering a new field – highlighting its importance; developing a professional organisation; establishing it as a speciality within paediatrics and developing training programmes; clinical care, and supporting children and families at difficult times; the combination of both clinical and psychosocial care; building relationships with children, families and other professionals; and learning new skills, teaching and writing.

I have derived the least pleasure from needing to find money to fund the development of the team and field.

Your career

What do you feel have been your best, and worst career decisions?

My best decision was following my belief in the need for paediatric palliative care. I regret not writing up my research for my MD (use of monoclonal antibody UJ13A in neuroblastoma, animal model and clinical trial). In the end it didn't hinder my career, and meant I moved on to doing what I wanted to sooner.

Emily Harrop (nominator)

Reason for nomination:

Ann founded the palliative care team at Great Ormond Street. She regularly attended laboratory meetings with the paediatric pain research group at UCL. Her transformational approach to her work (laboratory and clinic) inspired me to do the work I do.

'Support is very individual. It varies with personality; and needs are different at different times in a career'

‘Find a path you believe in and enjoy it’

What are the main challenges that you have faced, and how have you approached them?

Not following a standard path. Having to find the charity money to establish the first team.

Do you feel that you had to make sacrifices to pursue your chosen career path? If so, what were they?

It took longer to become a consultant, and I had periods of being a locum whilst finding a charity to establish the palliative care service.

Supporting women in academic medicine

What advice would you give to women considering a career in academic medicine?

- Find a path you believe in and enjoy it
- Work hard
- Be self-aware: recognise your own strengths, weaknesses, behaviours and style
- Find a husband or partner who will support you

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

I think it is still hard to combine an ambitious career with having a family.

‘Be quietly determined but also flexible and patient. It doesn’t matter if it takes a bit longer to get where you want’

What advice would you give on managing these challenges successfully?

Be quietly determined but also flexible and patient. It doesn’t matter if it takes a bit longer to get where you want.

What do you think are the most significant measures that have aided progress for women in medicine or academic medicine?

Society’s improving attitudes to equality

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

- Shorter and more flexible training career paths (for men as well as women)
- Fewer nights and weekends would be good



Caroline Jolley

Caroline Jolley

About you

Current post, speciality and area of research

I have held a full-time academic post as a Senior Lecturer in Human Physiology in the Centre for Human & Applied Physiological Sciences (CHAPS), King's College London, since October 2015. This is a non-clinical academic post, but I continue to see out-patients as an Honorary Consultant Respiratory Physician at King's College Hospital.

My main research interest is the physiology of breathlessness in advanced respiratory disease. I use measurements of neural respiratory drive and respiratory muscle function to better understand breathlessness and exercise limitation in chronic obstructive pulmonary disease.

What is your current role in education, training and/or research?

My main educational role is Science Lead for the MBBS Year 2 Supporting Life module in the GKT School of Medical Education (KCL). I am also responsible for delivering basic and clinical respiratory physiology teaching to first year medical students, undergraduate and postgraduate physiotherapists, biomedical science students and even to aspiring astronauts on the CHAPS Space Physiology and Aviation Medicine courses.

I am a Principal Investigator leading my own research team in the Department of Respiratory Medicine, King's College Hospital. My research involves making detailed measurements of respiratory muscle function from very breathless patients to understand the physiology driving their symptoms. Being able to visualise the physiology first-hand by participating in the research greatly helps students to understand what they have been taught in lectures.

What inspired you to become a clinical academic/take up your current role? What importance would you place on mentors and supervisors in ensuring a successful clinical academic career? Are there any particular personal mentors or supervisors you'd like to mention and why?

I can't remember a time that I didn't want to be a clinical academic! I applied to study medicine primarily to further my knowledge of the underpinning science so that I could achieve that aim. My undergraduate Director of Studies, Professor Christopher Huang, was one of my first mentors and has been hugely influential on the shape of my career so far. He took the time to help me to find research opportunities alongside my studies.

His advice, which I now frequently pass on, is that, your choice of supervisor is often more important than the research topic.

Professor Huang helped me to choose projects wisely, and these projects led to co-authored papers as an undergraduate, and a research studentship at the University of Calgary. This was all very exciting as a medical student – I was hooked!

I moved to London to complete my clinical MBBS studies at King's College Hospital. Here I was fortunate to work for Professor John Moxham, whose mentorship continues to be the single most important influence on my clinical academic career to date. During my first House job, I observed how research could be embedded into excellent clinical care (these were the days of the first clinical trials of non-invasive ventilation). I had the opportunity to observe respiratory muscle studies in his lab.

After leaving King's I maintained contact with Professor Moxham who encouraged me to apply for a clinical research fellow post in his lab at King's, and subsequently a MRC Clinical Research Training Fellowship to complete my PhD in respiratory muscle research. Today I am a clinical academic in the same department, leading a research programme of my own.

What features of the roles that you have undertaken do you enjoy most?

Without doubt, it is the research that I enjoy the most. I have been fortunate to be able to continue my clinical research activities alongside my clinical commitments following my PhD.

Isra Husain (nominator)

Reason for nomination:

Over the last 3-4 years, Dr Jolley has been an incredible source of both academic and pastoral support for me. She has always encouraged me not only to be ambitious, but to be kind to myself and has gone above and beyond the role of the 'Personal Tutor' laid out by the university. As well as her role as a lecturer, researcher and consultant, she supports a large number of medical students, and is an incredible role model for anyone with a goal of entering academic medicine (or even non-academic medicine).

'I have lost count of the number of times that I have been told that there was 'no precedent' for what I wanted to achieve.'

Since making the transition from full time clinical work to an academic post in the university (King's College London) I have had more opportunities to work closely with the medical students, both in a teaching role and as a personal tutor, which is very rewarding. My role is to provide encouragement, advice and guidance to help the students to realise their full potential, just as my supervisors did for me at the same stage.

What are the features that you like the least/ What are the main challenges that you have faced, and how have you approached them?

Clinical career structures are very rigid, with little scope for those who wish to follow a non-traditional path. Having taken two periods of maternity leave, and negotiated a self-funded extended period of research alongside my clinical training, I have had first-hand experience of the difficulties associated with a 'non-traditional' path. I have lost count of the number of times that I have been told that there was 'no precedent' for what I wanted to achieve. I met this challenge by working hard to demonstrate that I could exceed the clinical and academic milestones necessary to progress, and by having the confidence to challenge decisions made based on lack of precedent.

I doubt very much though that I would be in my current clinical academic role without the support of supervisors. They advised me how to negotiate my way through these hierarchical structures and put me in contact with people who could help.

What do you feel have been your best, and worst career decisions?

My best career choice was my decision to apply for a clinical research fellow post as a first year SpR, which led to a PhD and all that has followed. More recently, I needed to make the decision between pursuing a predominantly clinical career as a NHS consultant, or leaving NHS employment to take a full-time academic job with self-negotiated clinical work alongside. I chose the latter and I believe that I made the right decision.

'Anyone considering a career in academic medicine must be prepared to work hard to achieve a balance between clinical, academic and family commitments.'

My worst career choice was to go back to work too early after having my first child. I went back to a 50/50 split of clinical and academic work when my son was 4 months old. This was following a 4-year OOPE to complete my PhD, and I presume that I had the (unfounded) belief that my career would come to a standstill if I took any more time out. Although my husband was very supportive, I was exhausted and in retrospect both my clinical and academic work suffered. I did not make the same mistake the second time around, returning to research at 9 months and to a 50/50 clinical/research split after 12 months. I kept in touch with colleagues during my maternity leave, arranged cover for clinical trials work well in advance and attended local conferences to continue networking during my time away.

Do you feel that you had to make sacrifices to pursue your chosen career path? If so, what were they?

I am married to a supportive clinical academic husband, and we have two children. My family always comes first, and so I have had to compromise to achieve a balance between work and family life. For example, I chose not to attend international conferences when my children were very small. Many people told me that my career would suffer if I didn't present my work to an international audience. I don't think that this is necessarily true, particularly if you find an alternative solution. Nowadays it is possible to attend conferences 'virtually' and to network over Skype or through social media.

What advice would you give to women considering a career in academic medicine?

Anyone considering a career in academic medicine must be prepared to work hard to achieve a balance between clinical, academic and family commitments. Clinical academia is fiercely competitive, and there is no such thing as a 'safe job'.

Traditional indicators of success and readiness for academic progression, such as numbers of first/final author publications in high-ranking journals, may exclude women and the gender pay gap is wide.

‘Having children should not halt your academic career’

It is vital that you identify a mentor/supervisor who will help you to network effectively, help you to make an objective appraisal of your strengths and weaknesses and recommend you for leadership roles. Put yourself forward as first/final or corresponding author if your contribution justifies it – if you don't then someone else will reap the rewards.

Having children should not halt your academic career, but a smooth transition back to work needs to be planned well in advance. Opportunities to apply for Fellowships and write papers will still be there when you return. Keep in touch with your research team through email and teleconferencing from home. A good mentor/supervisor will help you to plan your transition back to work, ideally by recognising the importance of dedicated time away from 'service delivery' to focus on writing and re-engaging with your research programme.

‘There needs to be greater female representation in leadership’

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

If there continue to be fewer mentors, role models, sponsors, and leaders, and less overall representation of women in academic medicine, it will continue to be harder for women to advance. There needs to be greater female representation in leadership.

What do you think are the most significant measures that have aided progress for women in medicine or academic medicine?

Policy change has brought a greater awareness of unconscious bias in the workplace. Athena Swan initiatives such as parental and carers funds help women to transition back to work after maternity leave. There is now greater recognition of the need for specific mentoring and networking programmes for women, and these are increasingly available.

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

Introduce dedicated resources to support women's equity, in particular, focusing on reversing the slowing of academic advancement that often follows transitions back to work after maternity leave or extended caring responsibilities. This could include initiatives that allow women to buy out time from service delivery and teaching commitments on return to work, to focus on the writing of papers and successful grant applications necessary for academic progression.



Helen Laycock

Helen Laycock

About you

Current post, speciality and area of research

Clinical Lecturer Pain Medicine, Advanced Pain Trainee and Anaesthetic ST7, Imperial College, London and Imperial School of Anaesthesia, London Deanery. Current research is in neuropathic pain.

What is your current role in education, training and/or research?

Current research position is recruiting and deep phenotyping 200 participants with diabetic neuropathy to take part in an observational study on understanding risk factors and determinants of neuropathic pain. This is part of a European consortium of 12 partners in 9 countries, studying pain/genomics and neuropathy, coordinated by the University of Oxford and funded by a European Horizon 2020 grant.

Your role

What inspired you to become a clinical academic/take up your current role?

I was never a 'career academic' and started research quite late in my training (ST4). Having enjoyed my undergraduate intercalated BSc, I was keen to be involved in research once my professional exams were finished. I was advised to apply for an Academic Clinical Fellowship in Anaesthetics and was fortunate to be appointed. This led to a Wellcome Trust Funded PhD Fellowship and a Clinical Lectureship. Once I started my ACF I was bitten by the research bug and really enjoyed the space and time I had to think – something I found lacking in the conveyor belt of training following Modernising Medical Careers. I was inspired by a number of the researchers I worked with and was enthused about continuing an academic career. When planning my future, I can't imagine having a job where research doesn't represent some of my working week. I feel lucky to have had this opportunity.

Have role models informed your career development? If so, how?

I think I have been more influenced in my career development by mentors, supervisors and collaborators than by role models. I have found personal contact and dialogue with these individuals to be the most important factor.

What importance would you place on mentors and supervisors in ensuring a successful clinical academic career? Are there any particular personal mentors or supervisors you'd like to mention and why?

I have been extremely fortunate to have both male and female mentors and supervisors who have supported and developed my researcher career.

Dr Kate Tatham, who was a Clinical PhD student when I started my ACF (now senior lecturer) has always collaborated unreservedly. She showed me that anything is possible and continues to be an ear to bend with career dilemmas and challenges. I was fortunate to be allocated Dr Sian Jaggar as a formal mentor during my ACF and she has consistently challenged me, forced me to address difficult decisions and celebrated my successes. Dr Carsten Bantel was my PhD supervisor. He demonstrated how to be supportive to a new researcher and truly altruistic in one's research ideas and vision. Professor Andrew Rice whether as a departmental member or latterly as my post-doctoral supervisor has championed and supported women within science and created opportunities to enable me to continue research when none existed.

Professor Ramani Moonesinghe embedded her role as an academic Training Programme Director in London to support anaesthetic trainees in research. She has managed to juggle clinical work with a family and becoming a professor. She has always provided informal support and advice throughout my training.

Finally, via the Academy of Medical Sciences I have been privileged to have Dame Professor Carol Black as a mentor during my clinical lectureship. To spend time with an inspirational woman who has achieved so much, on a one to one basis has been invaluable.

Harriet Kemp (nominator)

Reason for nomination:

Dr Laycock is an excellent academic and teacher. She is always open to helping, advising and working with junior colleagues to enthuse them to academic medicine. She goes above and beyond to support others.

'I don't have any regrets about my career'

What motivates you most in your current role?

My short-term motivation encompasses the small joys of finishing each task – ticking off each job is very satisfying. However long-term motivation is more philosophical in that I regularly see areas within clinical pain medicine that are crying out for more research and knowledge. I am desperate to explore and address these practical problems, and to improve pain management for patients in clinical practice.

What features of the roles that you have undertaken do you enjoy most? What are the features that you like the least?

I enjoy most the day to day variety of my current post. Half my daytime week is spent working clinically in pain medicine. The other half is spent on clinical research, recruiting and conducting 3-hour long research appointments with participants with diabetic neuropathy. These long appointments are a privilege in comparison to the time limits we have within clinical practice. My out of hours on-call in anaesthetics reminds me why I chose anaesthetics as a specialty as it is unpredictable (at times challenging) and very rewarding. The feature I like the least currently is that to complete all the facets of my role, like most academics I tend to work during leave and off days, alongside evenings and weekends. It is difficult to fit these around a young family. I do worry about my work-life balance – something I'm constantly trying to improve.

Your career

What do you feel have been your best, and worst career decisions?

My best career decision was to apply for a trainee fellowship with the journal Anaesthesia. It ran alongside my PhD, and enabled me to gain training and experience in a range of aspects of medical publishing. I met a group of forward-thinking leaders in academic anaesthetics, who welcomed me and made me feel a valued member of their team. I continued to review for the journal after the fellowship finished and have recently been appointed to their editorial board, which has been a real career highlight.

I don't have any regrets about my career. Some would say I should have started academic medicine earlier, but I know that being more clinically experienced has enabled my practice to drive my research questions and see the practical applications of clinical research.

'I wish I had known earlier in my career that good people put themselves in the right place and seek out opportunities'

What advice do you wish you could have given your past self?

Firstly, there is no such thing as serendipity. People don't fall into things, however much they profess it was just luck! If you work hard enough you will be successful, but I wish I had known earlier in my career that good people put themselves in the right place and seek out opportunities.

Secondly, I would tell myself to not take things personally. Academic careers are competitive, and not everyone has your best interests at heart. However, what makes it enjoyable, interesting and fun is being open, altruistic and collaborative. Working with friends, and celebrating each other's successes is really wonderful.

What are the main challenges that you have faced, and how have you approached them?

Clinical lectureships are challenging at the best of times. Factor in two young children, training in two specialties, professional exams, busy on call commitments, and a switch in research focus, and it has sometimes felt impossible to juggle all the necessary balls. However, I have a fantastic partner and family, brilliant friends and mentors, and a very supportive work environment. Their support helps me through the challenges.

Do you feel that you had to make sacrifices to pursue your chosen career path? If so, what were they?

I still haven't worked out a sensible work life balance. Before I had a family, I could just about balance things and working over the weekend was more feasible. Currently, like most parents with young children, that balance is completely off but I'm hoping that it will improve with time (I'm ever the optimist!).

‘Don’t give into the thoughts that you might not be good enough’

Supporting women in academic medicine

What advice would you give to women considering a career in academic medicine?

Don’t give into the thoughts that you might not be good enough. Just grab every opportunity, and have a go, as there is nothing to lose. Once you have started climbing the ladder, support those women following you. Give them career advice, help them with applications, listen to their presentations, co-author with them, and become co-investigators. We need a critical mass of women in science and within disciplines. We need to champion and support each other: to collaborate and build together.

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

There are so many aspects of the job to fit in while training as a clinical academic. It is hard not to feel like you are doing a mediocre job of being a doctor, academic and parent. The constant pressure for output during an early research career is difficult to achieve with time away for parental leave. This needs to be addressed if we are to keep bright and brilliant women in academic medicine during this tricky transition period of their careers.

‘We need to champion and support each other: to collaborate and build together’

What advice would you give on managing these challenges successfully?

I don’t think I’m at the point where I have managed these challenges yet – I face them every day. Recently I had to reluctantly acknowledge that I cannot do everything. Occasionally I may miss a deadline, cannot attend a meeting, have to turn an invitation down and more frequently need to ask for help. It doesn’t mean I’m failing; it just means I am being realistic about what I can achieve.

What do you think are the most significant measures that have aided progress for women in medicine or academic medicine?

I think female leadership and mentors have really helped in academic medicine. But this comes with a caveat. I read a tweet recently that really resonated. It said that women don’t need mentors to give them advice, they need supporters – people to help them gain a seat at the table, to open doors and give them opportunities through which they can flourish. There are women out there who have done just this for me, and I think as an early career researcher, it is my job to continue this trend.

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

Ensure people don’t just play lip service to promoting women and supporting their careers by ticking the equality box on the appropriate paperwork or doing enough to gain their departmental award. Rather, institutions need to create, and more importantly, action concrete plans to promote, support and develop women in academic medicine.



Scarlett McNally

Scarlett McNally

About you

Current post, speciality and area of research

Consultant Orthopaedic Surgeon.

Council member Royal College of Surgeons of England, with representative roles on: UK Health Alliance on Climate Change and the Faculty of Sports & Exercise Medicine. Deputy Director for the Centre for PeriOperative Care (www.cpoc.org.uk).

Until recently, Honorary Senior Clinical Lecturer, Brighton & Sussex Medical School.

What is your current role in education, training and/or research?

Council member Royal College of Surgeons, learning and development committee
On-going research on Doctors' Assistants, career progression in surgery (especially for women) and increasing physical activity in older people as a means of reducing the need for social care.

Collating education for all staff and patients to improve health before surgery.

Your role

What inspired you to become a clinical academic/take up your current role?

From 1990, until I got my post as a Consultant Orthopaedic Surgeon in 2002, I did little academic work. The hours in training were very long, with operating at all hours. As a Consultant, you have more time than when in training, and I began to look for opportunities. The new Brighton medical school was just starting, and I wanted to be part of this.

Have role models informed your career development? If so, how?

I have spent 30 years justifying being a small woman in surgery. Everyone who meets me is so surprised by my physical appearance that they are keen to say they are supportive. I feel that they do not give me the advice they would give to a bloke.

I did not have any mentors. In hindsight, I should have made formal appointments to discuss my career development with selected people.

What importance would you place on mentors and supervisors in ensuring a successful clinical academic career? Are there any particular personal mentors or supervisors you'd like to mention and why?

Don't be afraid to give advice. Put things into perspective for the person considering their future. The mantra of mentoring and coaching is that it should be the mentee's own agenda, but sometimes trainees need to be offered suggestions and practicalities. Sometimes they need their own views challenged.

When I was a House Officer, my supervisor was Mr Clive Quick, (retired Consultant Surgeon at Cambridge), He treated me like I was allowed to be there. When I told him I wanted to do surgery, he gave me 3 suggestions. He told me the best A&E job to apply for; he suggested I should telephone to enquire about that post (rather wait for it to be advertised) and recommended the best course for FRCS exam preparation. I took his advice and did all three.

What motivates you most in your current role?

Interactions with patients: I love reformulating ideas, concepts and options into a discussion with each person according to their wants, needs or understanding.

Systems and education: I am driven to fix inefficiencies. I also feel that educating all staff and patients helps them to have clear knowledge and skills. Knowledge allows for a better understanding of what the real issues are.

Claire Bayntun (nominator)

Reason for nomination:

I have heard Mrs McNally speak only on one occasion, and have had a brief conversation with her some years ago. However, in spite of this minimal interaction I found her inspiring and have referred others to seek her out – her website and in person, when they have needed inspiration; they have, in turn, passed on the same to others. This embodies the definition of a true Role Model.

Mrs McNally is involved in Women in Surgery and other initiatives to increase diversity, reduce bullying and reduce unconscious bias.

She represents an important, inspiring force, doing things in her distinct style, demonstrating commitment to her values personally and professionally. Her website captures this: scarlettmcnally.co.uk

What features of the roles that you have undertaken do you enjoy most? What are the features that you like the least?

I love being on the Council of the Royal College of Surgeons. I enjoy the cross-College work, for example on health inequalities, climate change and getting physical activity mainstream. I like the way the College can create a clear consensus, saying 'this is what healthcare professionals recommend' and this is valued.

I like seeing something I developed enter the mainstream – I was lead author for *Exercise: the Miracle cure – and the role of the doctor in promoting it* (2015), which is still widely quoted.

What I like least: when you have additional responsibilities, it can feel as if you have no control over your time. It's worth considering the time commitment required for any additional role.

Your career

What do you feel have been your best, and worst career decisions?

I am so pleased I stuck with surgery. It is a fantastic career. I selected posts that I knew I would enjoy. Orthopaedics is great – you do what the patient needs or wants, with very rapid improvements.

Having an MBA means people don't question my ability or understanding of health service management.

But my greatest career accolade that I have is a Black Belt in Karate. People who express doubts about whether I can do the physical part of being an Orthopaedic surgeon are totally silenced!

'You are better than you think you are'

What advice do you wish you could have given your past self?

You are better than you think you are.

Listen to everyone, positive and negative; but realise most people have less experience and have lived through different times.

What are the main challenges that you have faced, and how have you approached them?

Sometimes the nurses or patients haven't realised I am the surgeon. The key is to be positive, show respect and 'fake it till you make it'.

I still get talked over in meetings. People still assume I won't want to take on a big role. I am known for challenging accepted wisdom and welcoming different views in meetings. Sometimes, this means that those planning the next roles assume I am too maverick or non-conventional to be a leader, when in fact, I'm quite good at leadership.

In the past, I have requested a reference from senior people who have refused, as they thought I wasn't a good fit for the role or didn't have enough experience in 'middle range manager' roles. I wish I had asked for their advice earlier on how to get my CV and experience into a shape ready to be selected for very important roles.

'Listen to everyone's advice, but you don't have to take it'

Do you feel that you had to make sacrifices to pursue your chosen career path? If so, what were they?

I didn't feel I was making sacrifices at the time. I am so stubborn that once I had taken on a role, I determined to do it. Looking back, that meant a lot of sleep deprivation. I am also surprised and grateful that my husband stuck it out through the years with four small children and me working long hours and going away to conferences.

Supporting women in academic medicine

What advice would you give to women considering a career in academic medicine?

Do it. It is great. Find someone you can talk to about it and make a formal appointment to see them. Listen to everyone's advice, but you don't have to take it. Everyone has lived their life with different expectations. Well-meaning advisors may be several decades out of date. Make time for your partner and listen to how their day was.

Try to live near where you work, to reduce travelling time and be able to pop home when on-call, if it is a role where you don't have to be present on shifts.

What do you think are the most significant measures that have aided progress for women in medicine or academic medicine?

There is finally an acknowledgement that women have a different experience than men. The Athena Swan awards have made academic departments think about what they can do to reduce barriers.

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

1. Make paternity leave and Shared Parental Leave 'use it or lose it' for men. This would reinforce to everyone that once pregnancy and breastfeeding is over, you do not have to be female to do child-rearing. Parental and shared leave allows the second parent to build a bond with the child(ren) which helps when there are difficulties later (eg teenage years). It also means they understand the pressures and time-commitment of childrearing.
2. Change 'Equality & Diversity' training to emphasise diversity. Senior staff need to acknowledge that their supervisee or trainee is having a different experience. Training should focus on what supervisors could do to ensure that every doctor is the best that they can be.

'Women need mentors, but they also need realistic role models, such as those who worked or trained part-time'

Any further comments that you would like to make?

It is not just about the women. We also need the men and organisations to change, so that difference is welcome. Women need mentors, but they also need realistic role models, such as those who worked or trained part-time. I now work part-time after major illness (myeloma and cardiac amyloidosis) and feel every moment someone is in work needs to be focussed and valued. For further information, please see the Women in Surgery initiative at the Royal College of Surgeons of England.

www.rcseng.ac.uk/career



Jess Morgan

Jess Morgan

About you

What is your current role in education, training and/or research?

I'm a Clinical Lecturer in Paediatric Oncology so spend 50% of my time in clinical training and 50% of my time in research. My research is generally into the supportive care of children with cancer. I've just been successful in obtaining a grant to explore gender inequalities in clinical academia.

I'm involved in undergraduate and post-graduate teaching, and supervise Masters and PhD students.

As the chair of the Young Investigator (YI) network of the International Society of Paediatric Oncology (SIOP), I represent SIOP members who are under the age of 40, planning and delivering educational sessions, mentorship, and social media activities.

Your role

What inspired you to become a clinical academic/take up your current role?

I knew I wanted to be a paediatric oncologist so applied to do my PhD to increase my chances of getting a training post. Unexpectedly, I completely loved my research experience during my PhD and have continued on my clinical academic career.

I'm also passionate about patient and public involvement in research to ensure we ask the right questions, in the right way so as to get the right answers for patients and professionals. Working on a twinning project between Leeds Teaching Hospitals and a group of hospitals treating childhood cancer in Cameroon gives me another opportunity to see the impact research has on clinical practice. The twinning programme is supported by World Child Cancer and means we can visit the Cameroonian team regularly to provide support and training, alongside regular video-conferencing MDTs.

Being a post-doc is even better than being a PhD student, as I have more control over my workload and the diversity of projects in which I can be involved.

What importance would you place on mentors and supervisors in ensuring a successful clinical academic career? Are there any particular personal mentors or supervisors you'd like to mention and why?

My main mentor over the past 6 years has been Dr Bob Phillips. He's encouraged me to build a career that interests me, and to learn a variety of different skills. He's pushed me to develop independence both clinically and academically, whilst clearly demonstrating the importance of a life outside of work. Finding people who help you to figure out who you are within a field and help you reach the goals that you set yourself is a really important part of a clinical academic career.

What motivates you most in your current role?

Seeing the way that current care sometimes doesn't quite work for patients, families and professionals motivates me to try to find a better way to do what we do. A lot of the time that involves talking to families and professionals and helping to amplify their voices in the research arena. Performing high quality research that answers their real-life clinical questions is what drives me to keep going, despite the challenges of this career. Having a great team to work alongside really helps, particularly on the difficult days of grant proposal failures or manuscript rejections.

What features of the roles that you have undertaken do you enjoy most?

What are the features that you like the least?

I love the opportunity to really engage my brain in solving complex problems – either on my own or with the teams that I work with. Both clinical work and academia provide this stimulation – just in very different ways. I have to admit that the thing I like the least is the endless repetitive paperwork to prove I'm doing my job.

Melody Redman (nominator)

Reason for nomination:

Jess Morgan inspires me to be a better paediatric clinical academic. She is always encouraging and enthusiastic but honest. She works incredibly hard both locally and internationally. She maintains a sense of humour despite a heavy workload, and always makes time for others.

'Having a great team to work alongside really helps'

'Discovering research was something I enjoyed'

Your career

What do you feel have been your best, and worst career decisions?

Best – doing that PhD and discovering research was something I enjoyed! Then working with the International Society of Paediatric Oncology Young Investigators network – I've learned so much about how organisations work, travelled the world, and made friends for life.

What are the main challenges that you have faced, and how have you approached them?

Probably one of the biggest challenges of academia particularly in the early years, is isolation. The first few months of a PhD are exceptionally quiet and that can be really unnerving. Having a really great support network, outside of medicine and academia, provided me with the support and confidence to keep going. In my post-doc, the main challenge has been in the rarity of paediatric clinical lecturers and finding my 'tribe'.

'The main challenge has been in the rarity of paediatric clinical lecturers and finding my 'tribe'

Do you feel that you had to make sacrifices to pursue your chosen career path? If so, what were they?

Probably for me, a big sacrifice was going part time in the clinical world. This means you lose some of the continuity with your patients, which is such a big part of the joy of paediatric oncology. You also lose continuity with your colleagues and get difficult comments regarding trainees completing less than full time training. Splitting my week works so much better for me personally in terms of academic time, flexibility, and my general wellbeing, so I'm really glad that I made the change.

Supporting women in academic medicine

What advice would you give to women considering a career in academic medicine?

I've found this role much more flexible than a full-time clinical rota and that helps me juggle everything that is going on much better – but I have a great boss, a relatively flexible academic speciality and a supportive home life. It might not work for everyone!

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine? What advice would you give on managing these challenges successfully?

As in much of life, academia still has substantial areas of gender inequality. Assertion can be seen as aggression; passivity as lack of interest or skill. There's a culture of working lots of overtime. Women are more likely to be given additional 'communal tasks' compared to men. Being aware of these issues (and others), and actively deciding how you will tackle them, can help.

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

Recognition that we're there – working hard, often more quietly, and in unique ways, and that the contributions that we make are judged based on their value, not our femininity.



Ebere Okereke

Claire Bayntun (nominator)

Reason for nomination:

Dr Ebere Okereke leads the £16m ODI funded International Health Regulations Strengthening Programme for Public Health England. She is a Consultant in Global Public Health and worked as a Communicable Disease Control Consultant for many years prior to leading this multi-country programme across Africa and Asia

Of note, she is one of the few senior females working in Global Health in the UK from African descent. She is a role model to many women of colour; she has been mentoring BME women for many years.

Perhaps she could be recognised for her achievements in her complex role, and for her role inspiring women in the field of health more broadly.

Ebere Okereke

About you

Current post, speciality and area of research

Consultant in Communicable Disease Control and Global Public Health and Lead, International Health Regulations Strengthening Project, Public Health England.

Area of research:

My role is in capacity building and strengthening health systems to enhance global health security. I lead the design of UK aid funded programmes in this area.

What is your current role in education, training and/or research?

I am the Educational Supervisor for Public Health specialty training placements in Global Public Health. In addition, I commission and facilitate the development and delivery of training for public health staff in national public health institutions in low and middle-income countries.

Until recently, I was an honorary senior lecturer at Leeds University Medical school I am an associate of the Bradford University Centre for Inclusion and Diversity.

Your role

What inspired you to become a clinical academic/take up your current role?

I am passionate about what I do and always strive to share that passion. I also enjoy challenging people to reach their full potential, so the combination of these interests fits perfectly with my role in advocating for, and facilitating access to, capacity building. In global health, not only is there a need to develop capacity, there is often a need to set up systems that enable lifelong learning, formal and informal. The existing gender inequity in senior positions in global health worldwide is exaggerated in many low-income countries. I advocate for increased access to learning and professional development for women (and other under-represented groups) through setting up and supporting mentoring for individuals and groups, and institutional partnerships.

Have role models informed your career development? If so, how?

I have had role models whose attitudes, ethics, ambitions and integrity have inspired me, but these role models have often been on a different career or life path than I have chosen for myself. They demonstrated what it takes to achieve success (however you choose to define it) in whatever field you operate.

What importance would you place on mentors and supervisors in ensuring a successful clinical academic career? Are there any particular personal mentors or supervisors you'd like to mention and why?

I did not have the privilege of having a mentor until fairly late in my career but I understand the value of having a mentor to guide and shape your career and to help you be the best you can be professionally. I did not have a mentor because the opportunity never presented itself – sadly not an uncommon experience for BAME women in our profession. I did however have supervisors and colleagues during my training and throughout my career who have sometimes acted as informal mentors. In spite of my experience, I recognise the importance of having a formal mentoring relationship and now that I am in the position to be a mentor, I make myself available for such relationships with others; and encourage people in the early stages of their careers to seek mentorship.

What motivates you most in your current role?

I am most motivated by the opportunity to make a difference, to contribute to building strong sustainable public health systems in Africa; and to support young people to grow professionally.

I love mentoring young people, particularly women. I love contributing to developing excellence amongst young public health professionals in low income countries.

‘Worst career decision – there are none; every bad career decision has led to lessons learned and has informed the next career decision’

Your career

What do you feel have been your best, and worst career decisions?

Best career decision – resigning from a clinical medicine residency to move to public health
 Worst career decision – there are none; every bad career decision has led to lessons learned and has informed the next career decision.

What advice do you wish you could have given your past self?

- Relax
- Enjoy the moment
- Laugh more: don’t take life too seriously.

What are the main challenges that you have faced, and how have you approached them?

The main challenge I have faced is that of often being the only black woman in the spaces I occupy. It’s lonely and exhausting constantly battling stereotypes and being expected to be representative all the time. By that I mean, that any mistake you make is extrapolated and applied to all black women (interestingly, your successes are not treated the same way). It makes for constant self-regulation and self-doubt.

‘Teach. Inspire the next generation. Spend time with young people – they are amazing’

Do you feel that you had to make sacrifices to pursue your chosen career path? If so, what were they?

Perhaps I have not made enough time for leisure activities with my family. I have certainly suffered loss of income – many times I have had to take a pay cut to move in the direction I wanted to take my career.

Supporting women in academic medicine

What advice would you give to women considering a career in academic medicine?

Don’t lose touch with the real-world, patient-benefitting part of your area of study, it will encourage you when things are challenging. Teach. Inspire the next generation. Spend time with young people – they are amazing.

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

Academia can have some fossilised views about diversity. Ingrained traditional hierarchies remain well-established in many academic institutions; and still exclude women. And it is far worse if you are a black woman (I can still recall the last time I was asked to bring the coffee – it wasn’t that long ago!).

‘Don’t let others stop you’

What advice would you give on managing these challenges successfully?

Don’t let others stop you. Speak up, speak out and challenge. If you don’t change things for yourself, you might do so for the next woman to come along. Secondly, find allies. You are never alone.

What do you think are the most significant measures that have aided progress for women in medicine or academic medicine?

Equality laws.

Any further comments that you would like to make?

I am truly honoured to be nominated for this.



Jugnoo S Rahi

Jugnoo S Rahi

About you

Current post, speciality and area of research

- Professor of Ophthalmic Epidemiology and Honorary Consultant Ophthalmologist
- NIHR Senior Investigator
- Head, Population, Policy and Practice Department
- Director, Ulverscroft Vision Research Group
- GOS Institute of Child Health UCL/Great Ormond Street Hospital NHS Foundation Trust
- Institute of Ophthalmology UCL/NIHR Moorfields Biomedical Research Centre

What is your current role in education, training and/or research?

I am a clinician and a scientist, so my post blends NHS and University roles and responsibilities. As an ophthalmologist I am part of the team at Great Ormond Street that looks after children with eye conditions and/or visual impairment. My academic role encompasses research and teaching in ophthalmic epidemiology as well as mentoring, capacity building and enabling activities.

In addition to leading the Eyes and Vision Group at GOS ICH UCL, I am also Head of Department, Population Health Sciences, Policy and Practice Research at GOS Institute of Child Health UCL. Our programme comprises more than 170 academic and research staff and students. Our department was founded by and has been led by female clinician scientists throughout the past three decades and I am proud to continue that tradition. I am Chair of the Academic Committee of the Royal College of Ophthalmologists and the RCOphth representative to the Academy of Medical Royal Colleges.

I am a UCL Athena Swan role model and a member of the Women in Vision UK (WVUK) Network that is working to enhance the opportunities and visibility of women in visual sciences and ophthalmology.

Your role

What inspired you to become a clinical academic/take up your current role?

Towards the end of my undergraduate training in medicine at Guy's (UMDS) I decided that a career in paediatric ophthalmology (a very small subspecialty at the time) would allow me to combine my interests in paediatrics and ophthalmology. My MRC Fellowships at ICH/Institute of Ophthalmology afforded the freedom to pursue the bespoke Masters and Doctoral training that was necessary.

Have role models informed your career development? If so, how?

The postdoctoral years are a time of great vulnerability for all scientists. This transition period is more complex for individuals who need also to complete their parallel training as a clinician. Then, as now, the wise counsel and support of my mentors Catherine Peckham, Carol Dezateux, David Taylor and Tony Moore, allowed me to navigate the perilous waters of the postdoctoral/lecturer stage of an academic career in a surgical discipline. This support culminated in my successful appointment as Clinical Senior Lecturer in 2003, eight weeks before going on maternity leave.

The unfailing, hands-on support of my husband, parents, and colleagues allowed research project meetings, PhD supervisions, paper and grant writing sessions to be timed between baby feeds and nap times. The challenges of returning to work after maternity leave were eased by the knowledge that all around me in the (then) Department of Paediatric Epidemiology and Biostatistics were my real-life role models, successfully balancing work with life outside it. This rich environment provided the context for my further career development, progressing to a Chair in 2010.

What importance would you place on mentors and supervisors in ensuring a successful clinical academic career? Are there any particular personal mentors or supervisors you'd like to mention and why?

I would summarise the things I have learned from my role models and mentors as follows:

Mariya Moosajee (nominator)

Reason for nomination:

Jugnoo is an honest, strong, intelligent, wise, and caring leading clinician scientist in the field of Paediatric Ophthalmology. I think she is an amazing role model for early career clinical academics, and we need to improve her visibility to encourage more junior individuals to follow in her footsteps.

Ameenat Lola Solebo (nominator)

Reason for nomination:

Although Jugnoo has been my role model for scientific and clinical skills, I've valued her as a role model for more generic behaviours: professionalism, courtesy, and rigorous thinking. She has a sure moral compass. She's taught me that resilience is not putting up with bad behaviour, but rather that recovering from difficult situations is about building a coherent sense of self, and what you are prepared, and not prepared to tolerate.

Ameenat Lola Solebo (nominator)

Reason for nomination: (cont)

Her colleagues are aware of this strength in Jugnoo, and it is this rather than her many, many publications and grants which generate such respect. She manages all this whilst being an involved mother, a great conversationalist, and all-round human. She's also unafraid to show her weaknesses and admit mistakes. I, and many others, have been truly lucky to have had her as a mentor.

'Any successful career is launched, shaped and sustained by the support of colleagues who open the right door at the right time and urge you to step through it.'

'If your approach is to aim high, work hard and do the right thing, then potentially every decision is the right one'

'Find good role models and mentors (men and women) and then listen and learn for as long as you can'

Firstly, a career as a clinical academic is not for the faint-hearted. Pursue it only if you have a passion for a dual professional existence and love the challenge of never having a 'typical' day. Secondly, a job that allows you to understand health and disease as a scientist and do something useful with the knowledge as a clinician is endlessly rewarding. Thirdly, any successful career is launched, shaped and sustained by the support of colleagues who open the right door at the right time and urge you to step through it.

Finally, listen and learn well from your mentors so you can pass on their wisdom to those who turn to you.

Your career

What do you feel have been your best, and worst career decisions?

I won't know till it is all over!

There is often not a 'right' or 'wrong' answer – a good decision, at a different stage of a career, could be a bad decision. If your approach is to aim high, work hard and do the right thing, then potentially every decision is the right one.

What advice do you wish you could have given your past self?

- Don't sweat the small stuff
- And always remember that 'This too will pass'

What are the main challenges that you have faced, and how have you approached them?

For much of my early career I would find myself the sole young non-White female in a group. I decided that this presented an opportunity and responsibility to show people (who might not have known it) that young people, women and people from ethnic minorities add value! In general, I always try to see what makes me different as an asset.

Do you feel that you had to make sacrifices to pursue your chosen career path? If so, what were they?

My biggest professional sacrifice was to give up a surgical career to be able to pursue academia properly.

Supporting women in academic medicine

What advice would you give to women considering a career in academic medicine?

- Do it!
- Remember it will always be 'double trouble'
- Find good role models and mentors (men and women) and then listen and learn for as long as you can.

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

Most women have caring responsibilities that differ from men. Without the support and flexibility required to accommodate these – in particular, with the challenges of maternity breaks and childcare commitments, women will always face greater challenges.

What advice would you give on managing these challenges successfully?

Recognise you will need help and flexibility, more so at certain stages and seek this out. It is also a good idea to know your contractual rights.

What do you think are the most significant measures that have aided progress for women in medicine or academic medicine?

Academic medicine is not an easy career option for either men or women.

The humanising of both clinical medicine and academia have been beneficial to us all – allowing people to have lives outside their work and having the systems to allow career breaks and flexibility to do this.

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

Partner more with men in all our efforts – we can't change the culture and opportunities if we only talk to each other.



Wendy Savage

Wendy Savage

About you

Current post, speciality and area of research

Although I am retired and not currently engaged in research, my major fields of interest are fertility control and caesarean section. My most recent publication with Professor Colin Francome focussed on *Gynaecologists attitude to abortion provision in 2015*, to ascertain the attitude of consultant gynaecologists towards working of the 1967 Abortion Act, women's choice and decriminalisation of abortion, and whether they had requests for abortion because the foetus was the 'wrong' sex in the last five years. I'm planning to continue this work with Professor Francome to survey Northern Irish gynaecologists.

Your role

What inspired you to become a clinical academic/take up your current role?

Although I started my clinical training in 1960 at the London Hospital Medical College, I had no opportunity to do research until I went to the USA in 1962. There I obtained a Research Fellowship with the eminent epidemiologist the late Dr E.H. Kass who inspired me to consider a career in academic medicine. Moving to Nigeria in 1964 I had no formal opportunity to do research but analysed the maternal deaths at the Enugu General Hospital.

In 1967 I moved to Kenya and obtained training posts for obstetrics and gynaecology and collected blood samples for anaemia in pregnancy, but when I returned to England the professor did not pursue this work and my subsequent post had no opportunity for research. So in 1973 I moved to New Zealand where I published work on contraception and abortion and gave evidence to the Royal Commission on contraception, sterilisation and abortion. In 1976 I returned to the UK and obtained a registrar post with the late Professor Peter Huntingford to work at the London Hospital, before obtaining a Senior Lecturer post.

Have role models informed your career development? If so, how?

I most definitely had mentors, who were extremely important in my development, people such as Donald Hunter who impressed me with his passion for industrial medicine. Alongside this, consultants such as Valerie Thompson at the Royal Free Hospital – who introduced me to psychosexual medicine.

What importance would you place on mentors and supervisors in ensuring a successful clinical academic career? Are there any particular personal mentors or supervisors you'd like to mention and why?

It is vital to have the opportunity to discuss ideas with others, to gain ideas and alternative perspectives from individuals who you trust. People such as Peter Huntingford and David Paintin (although I never worked in the same hospital with him) were important people to me whose opinions I respected.

What motivates you most in your current role?

In my most recent teaching role, I loved introducing medical students to the importance of listening to women, not being judgmental and understanding their individual differences, rather than trying to push ideas on to them. The ability to introduce young minds to this understanding, motivated my work.

What features of the roles that you have undertaken do you enjoy most? What are the features that you like the least?

Throughout my career I loved teaching and broadening people's understanding. Alongside this, I enjoyed helping women have healthy and natural deliveries. Whilst these were my highlights, I did find the hierarchical nature of academic life and the internal politics in how positions and promotions could be achieved by people, frustrating.

Your career

What do you feel have been your best, and worst career decisions?

Both the best and worst career decision was applying to work with Peter Huntingford as a senior lecturer in London Hospital. Although a wonderful opportunity, which gave me a great platform to do what I love, after Peter Huntingford resigned I found myself under attack.

Gillian Steggles (nominator)

Reason for nomination:

Professor Savage is a distinguished senior clinician who, before she retired, faced a tremendous ordeal, including much media exposure, with grace and dignity. I admire greatly her courage and her self-motivation in the face of adversity.

'It is vital to have the opportunity to discuss ideas with others, to gain ideas and alternative perspectives from individuals who you trust'

‘Although there may have been sacrifices, it doesn’t feel like that to me’

This was an extremely testing time where I had to fight off groundless allegations made to get me removed from my post.

What advice do you wish you could have given your past self?

Whilst trying to go to gain a visa to the US to work in a service for poor women in East Boston, I did not realise that the person who was supposed to be arranging this for me couldn’t do it. I couldn’t get a visa in time and so had to remain in the UK. Looking back, I would advise myself to get on a plane and sort it out.

What are the main challenges that you have faced, and how have you approached them?

One of the bigger challenges I faced was my work to save the Elizabeth Garrett Anderson hospital. The original petition application to list the hospital to prevent it from being demolished was turned down, but the second was accepted. We managed to ensure the building itself was kept standing as a memorial to Elizabeth Garrett Anderson in recognition of her enormous contribution to medical history. With a lack of monetary resources, we used research to make the case.

Do you feel that you had to make sacrifices to pursue your chosen career path? If so, what were they?

Although there may have been sacrifices, it doesn’t feel like that to me. I did everything I set out to whilst also having four amazing children, which although not unusual at the time was definitely unusual for my chosen profession.

Supporting women in academic medicine

What advice would you give to women considering a career in academic medicine?

One of the most important pieces of advice I could offer is to make sure you stand up for yourself, but without being aggressive. If you feel you are being side-lined, confront the individual and talk to them. You need a support group of people who understand you and share your beliefs.

‘You need a support group of people who understand you and share your beliefs’

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

Although things are better there is still misogyny, women are still often in the minority and are overlooked. Considerable work still needs to be done to address this.

What advice would you give on managing these challenges successfully?

Call people out when they are being unprofessional or act inappropriately. The only way people change is when they realise it is unacceptable.

What do you think are the most significant measures that have aided progress for women in medicine or academic medicine?

In my opinion in the most recent years the Athena Swan charter has been helpful in propelling gender equality. Overall misogyny isn’t considered normal any longer, these issues are now actively talked about in society. We also have women succeeding across all field of medicine, who act as role models for women to realise that anything is possible.

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

I would work on advocating and creating facilities for flexible working for women when needed, without it being frowned upon and going against them later in their career.

Any further comments that you would like to make?

My career has been atypical and my research output has been modest but influential.



Sheila Shokuhi

Sheila Shokuhi

About you

Current post, speciality and area of research

I am an Oncoplastic Breast Surgeon with educational roles. I am not currently engaged in research.

What is your current role in education, training and/or research?

I have a formal role as the Breast Surgery Clinical teacher at the University of Leicester. I am also involved in training of the juniors in my department.

Your role

What inspired you to become a clinical academic/take up your current role?

I have been involved in teaching throughout my career and do most of my learning every day through teaching. There is nothing like a good question from a bright young colleague to sharpen the mind and make you think why you are doing what you do.

Have role models informed your career development? If so, how?

All my role models have been my previous teachers.

I think it started with my biology teacher in Iran. She was a tough lady who was feared by everyone including the Headmistress. She knew her stuff and didn't suffer fools. She also knew when she didn't know the answers and asked for time to find out before answering the clever questions asked by pupils who wanted to show her up. This was before Google so it took time and effort and she always delivered.

What motivates you most in your current role?

The younger generation.

What features of the roles that you have undertaken do you enjoy most? What are the features that you like the least?

Meeting and getting to know the new generation of medics who are going to be my doctors in my old age is the most enjoyable part of my role.

The least favourite part of any aspect of my job is paperwork.

Your career

What do you feel have been your best, and worst career decisions?

My best decision was to have my children young and take time to enjoy them. I have three grown up daughters who keep me on my toes, and in touch with the younger generation of doctors and how they see the world.

I didn't get to work abroad, but it's on my bucket list now.

What advice do you wish you could have given your past self?

Worry less. It will all be okay.

What are the main challenges that you have faced, and how have you approached them?

All working parents face challenges. It is a bit more difficult with unsociable hours in medicine and the nature of what we do. We can't just leave if the job is not done. We do most of our learning by spending many hours at work to get experience. Then there is the obvious difference between the sexes – obviously the 'pregnancy thing'. I have dealt with that a day at a time, and I try not be derailed by negative comments.

My current challenge as a senior female surgeon is being heard and acknowledged. I'm working on that one a day at a time too.

Kubra Shah (nominator)

Reason for nomination:

She is absolutely amazing. Her bubblyness and upbeat positivity combined with her achievements and ability to balance a family, has resonated deeply with me. She has inspired me with reassuring words when things seem impossible. Thank you.

'Worry less. It will all be okay'

'I don't see any of my choices as a sacrifice'

Do you feel that you had to make sacrifices to pursue your chosen career path?

If so, what were they?

I don't see any of my choices as a sacrifice. There is a cost in any decision you make in life and choosing a career in a male dominated field and wanting a family obviously has a high cost. But then, most influential careers are dominated by the male of the species. I feel if there has been a sacrifice, it's been good night sleep.

Supporting women in academic medicine

'Choose a field you love the most and don't be put off by anyone who tells you that it won't be compatible with family life. That is a myth.'

What advice would you give to women considering a career in academic medicine?

Go for it. Choose a field you love the most and don't be put off by anyone who tells you that it won't be compatible with family life. That is a myth.

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

Everyone will face challenges choosing a competitive field. There are however biological differences and although policies are in place to allow women to succeed the reality is obviously different. In my experience, the biggest challenge is negative self-talk which I'm afraid women are really good at. Unfortunately, again in my experience, women are not as good as men in supporting each other as they often feel that if there is a small quota for the female seats, it makes their female colleagues a bigger threat. We need to change that and for this, supportive men are essential in the mix.

What advice would you give on managing these challenges successfully?

Education, education and education. Mentoring helps too.

What do you think are the most significant measures that have aided progress for women in medicine or academic medicine?

Not sure but I do see progress. I think social media (which I'm not a big fan of) must have affected the connectivity of the new generation. Sexism is definitely less of a thing now.

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

An on-site non-profit nursery in every organisation.

Any further comments that you would like to make?

Thank you for the nomination.



Maham Stanyon

Maham Stanyon

Current post, speciality and area of research

I am an Assistant Professor of medical education and primary care, working at Fukushima Medical University in Japan; a GP; and an honorary clinical teaching fellow at Imperial College London. My area of research is international medical education, particularly cultural influences in medical education, identity formation and professionalism.

What is your current role in education, training and/or research?

I teach undergraduate medical students focusing on history taking, inter-cultural communication skills, feedback and diversity. I am involved in faculty development in primary care, shaping the specialty as it is in its infancy in Japan. I teach UK doctors about international healthcare systems to help contextualise the NHS and explore the profession in global terms. I also lead on our international research collaborations to examine current issues in medical education with a socio-cultural lens.

What inspired you to become a clinical academic/take up your current role?

Having strong female role models in senior positions whilst I was training was a key influence in pursuing an academic career. Their support and encouragement was vital, as was their example of how to be a compassionate yet strong leader; authoritative but caring; and how to ensure everyone has a voice and is fairly represented.

What motivates you most in your current role?

Every day as an academic general practitioner is filled with variety and new challenges. A key motivator is adapting my skills to meet those challenges, constantly evolving and learning. Through an academic career you meet so many great thinkers with inspiring ideas. It is exciting to develop new ways of thinking; and maintaining your clinical practice keeps you grounded.

What advice do you wish you could have given your past self?

To not fear negative feedback but to use it for personal growth, as I have found this to be more transformative in enhancing your practice and developing your skillset than positive feedback.

What are the main challenges that you have faced, and how have you approached them?

One of my biggest challenges has been moving to a country where I don't speak the language well; this has changed how I communicate to make myself understood in everyday life. It has given me a deeper understanding of the challenges faced by patients who do not speak English and changed my practice. Adapting to such a different culture has been an additional challenge, but a rewarding one as I connect with new people who give me fascinating and new insights into such a different cultural context.

What advice would you give to women considering a career in academic medicine?

Try the unconventional path. Develop the skills that capture your interest and diversify where possible. The combination of academic and clinical careers demands a lot from you and the way to combat this is to not neglect the hobbies and projects that give you joy.

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

If you look very young or are soft spoken, it is hard to have a presence in meetings. It is easy for your confidence to suffer if you are not getting your opinions across. 'Imposter syndrome' is common, however easily treated by having confidence in your strengths and abilities, as these will shine through.

Neha Ahuja (nominator)

Reason for nomination:

Dr Stanyon is an excellent role model. She is a hard-working and reliable colleague and despite having no formal role as my mentor, she acted in this regard. She has been very helpful and supportive in many ways. She is an excellent teacher and organiser whilst being very approachable.

Georgina Neve (nominator)

Reason for nomination:

Supportive, inspiring colleague. Approachable, engaging and encouraging of junior colleagues.

Bhakti Visani (nominator)

Reason for nomination:

Dr Stanyon is a high achieving, inspirational woman in academic medical education who has always been supportive and encouraging with my endeavours so far.

'It is exciting to develop new ways of thinking'

'Not to fear negative feedback but to use it for personal growth'



Ann Taylor

Ann Taylor

About you

Current post, speciality and area of research

I am the Postgraduate Director of Taught Programmes in Cardiff University, a Professor in Medical Education and a qualified nurse. My research background is in pain management. I have co-authored several pain related studies, opinion pieces, book chapters and guidelines. My PhD examined how people living with pain process pain related, non-painful information such as pain words or pictures of activities of daily living using fMRI.

What is your current role in education, training and/or research?

I lead one of the largest, medical and health care focused postgraduate taught departments in the UK, working with a large team of academics and support services to ensure that we offer an excellent student experience. I also lead on Cardiff University's flexible and distributed learning strategy and scholarship.

Your role

What inspired you to become a clinical academic/take up your current role?

When seconded to undertake research acute pain services in Wales (early 90s), I realised that pain education was woeful. It was my desire to improve the knowledge of pain in health care professionals to ensure that people living with pain are supported by professionals who use an evidence-based approach to their care. I persuaded the Academic Anaesthetic Department to employ me, gained some pump-priming from Welsh Government, and undertook commercial research to support my salary. I established one of the first PgDip in Pain Management which I developed into an MSc.

Have role models informed your career development? If so, how?

In the last 25 years at Cardiff University, I have worked with a number of strong role models who have helped me think creatively about problem solving, taking a strategic view and networking. They have supported me in my personal development, so I can successfully guide and mentor others. They have shown me that you can be transparent, make decisions and take responsibility for mistakes made, and how an empathetic, people-focused leader works with teams to prevent inertia and manage change, even if that change that may not be welcomed.

What importance would you place on mentors and supervisors in ensuring a successful clinical academic career?

Mentors and supervisors are extremely important – especially when there is a dearth of senior female academics. However, it is important to be able to reflect critically on experiences. Learning how to work within male dominated cultures, dealing with parenting and part time working can be difficult – and looking to role models that have succeeded is extremely important.

What motivates you most in your current role?

Leading a team of collegiate staff who are delivering high quality education. Seeing the academic and professional service staff developing ideas and owning where they work and their drive and respect for each other. Mentoring and supporting colleagues to achieve the best they can; and seeing women grow in their professional and personal roles.

What features of the roles that you have undertaken do you enjoy most? What are the features that you like the least?

I enjoy networking with people who are like-minded or, even better, who challenge your preconceptions and ideas and make you reflect on what you want to achieve and why. I like to see people feeling a sense of completion and satisfaction with the quality of what they deliver. The features that I like the least include cumbersome working structures that make it difficult to perform well, managing challenging behaviour and constraints that can impact on creativity.

Marcia Schofield (nominator)

Reason for nomination:

Ann is a stereotype-busting, brilliant and restless intellect who proves that there is no limit to what one can accomplish if one is passionate enough. Before she did her PhD, she led a large department in Cardiff delivering the first whole-online MSc course in Pain Management in the UK. She was an early adopter of online education, of online discussion and information sharing in general, a fearsome critic, a supporter, mentor and up-lifter of academic women and a researcher of thoughtfulness and insight.

'I don't think I have a worst career decision. If things take a turn for the worst, it is up to me to sort things out'

What do you feel have been your best, and worst career decisions?

My best career decision was to undertake a PhD in my 40s. It was a steep learning curve, but it opened up opportunities to work collaboratively with those I have respected for many years.

I don't think I have a worst career decision. If things take a turn for the worst, it is up to me to sort things out. I have proactively sought different experiences and exposure to things, like my PhD, which take me way out of my comfort zone.

'To have confidence in yourself and make the most of the talents you have been given: you are capable of making good decisions and you are worthy of success'

What advice do you wish you could have given your past self?

To have confidence in yourself and make the most of the talents you have been given: you are capable of making good decisions and you are worthy of success. In school I was told that I wasn't going to amount to much. So, on gaining my PhD and then subsequently my personal chair, I could breathe a sigh of relief – I had finally done it.

What are the main challenges that you have faced, and how have you approached them?

While assertive men are seen as strong and powerful, assertive women can be seen as abrasive. I had a male colleague who expressed great concern at having a nurse within the Academic Department of Anaesthetics. I have often been mistaken for a secretary or as an administrator. I have dealt with these issues by setting high goals and achieving them but a lot of the time I have used humour. To be accepted within a largely male dominated world of senior clinical academics I learned to 'play the game'. As society has changed, I have become more confident in using diplomatic assertiveness. I now feel valued and part of a strong team that I have helped to build, ensuring students have a great educational experience and staff a great working one.

'I don't feel I have had to make sacrifices, it's about choosing options and weighing up the pros and cons'

Do you feel that you had to make sacrifices to pursue your chosen career path? If so, what were they?

No, I don't feel I have had to make sacrifices, it's about choosing options and weighing up the pros and cons. I have been fortunate, in the main, to be in the right place at the right time and/or in meeting the people that have helped and supported me.

What advice would you give to women considering a career in academic medicine?

Decide what it is about academic medicine that attracts you and align your career with what interests you most. Talk to clinical academics and ask them what the pros and cons are. Reflect on these, carefully weighing up your plans and aspirations. Identify a strong, female role model or personal mentor that you can discuss opportunities with. Look at the criteria for personal promotion very early in your academic career and decide what you want and what you need to do: this helps to maintain a good work-life balance.

Do you think that there are challenges that women particularly face in pursuing a career in academic medicine?

There is a distinct lack of female role models and mentors. While I have had some great male role models, it is imperative that we have a choice. A teaching and research or scholarship contract, the need to run high quality educational programmes to get grants, to run high impact studies and publish in high impact journals is not easy when working part time. It is difficult to achieve the criteria for academic promotion if you are combining academic work with clinical care and managing a family – three important roles!

What advice would you give on managing these challenges successfully?

Plan carefully; identify key aspects of your development that will help meet the criteria for personal promotion. Make sure that your contributions are well recognised and attributed. Leadership training is extremely helpful if, like myself, you lack confidence; and for those who have multiple roles, time management is key. Challenge prejudice and inappropriate treatment where you see these.

What do you think are the most significant measures that have aided progress for women in medicine or academic medicine?

The Athena Swan award is really useful in levelling out the academic playing field for female clinical academics. This is especially so in a field which is dominated by senior academic men and where powerful female role models are scarce. Keeping inequalities high profile (with action plans), will hopefully have a significant impact in attracting women and in ensuring that there are fair and equitable chances for promotion and earnings.

If you could improve one thing for women in medicine or academic medicine tomorrow, what would it be?

Identify a community of practice for women in medicine or academic medicine where all are welcome, where there are proactive and enthusiastic role models and mentors; and which is a safe space for exploration and reflection.

British Medical Association
BMA House, Tavistock Square,
London WC1H 9JP
bma.org.uk

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