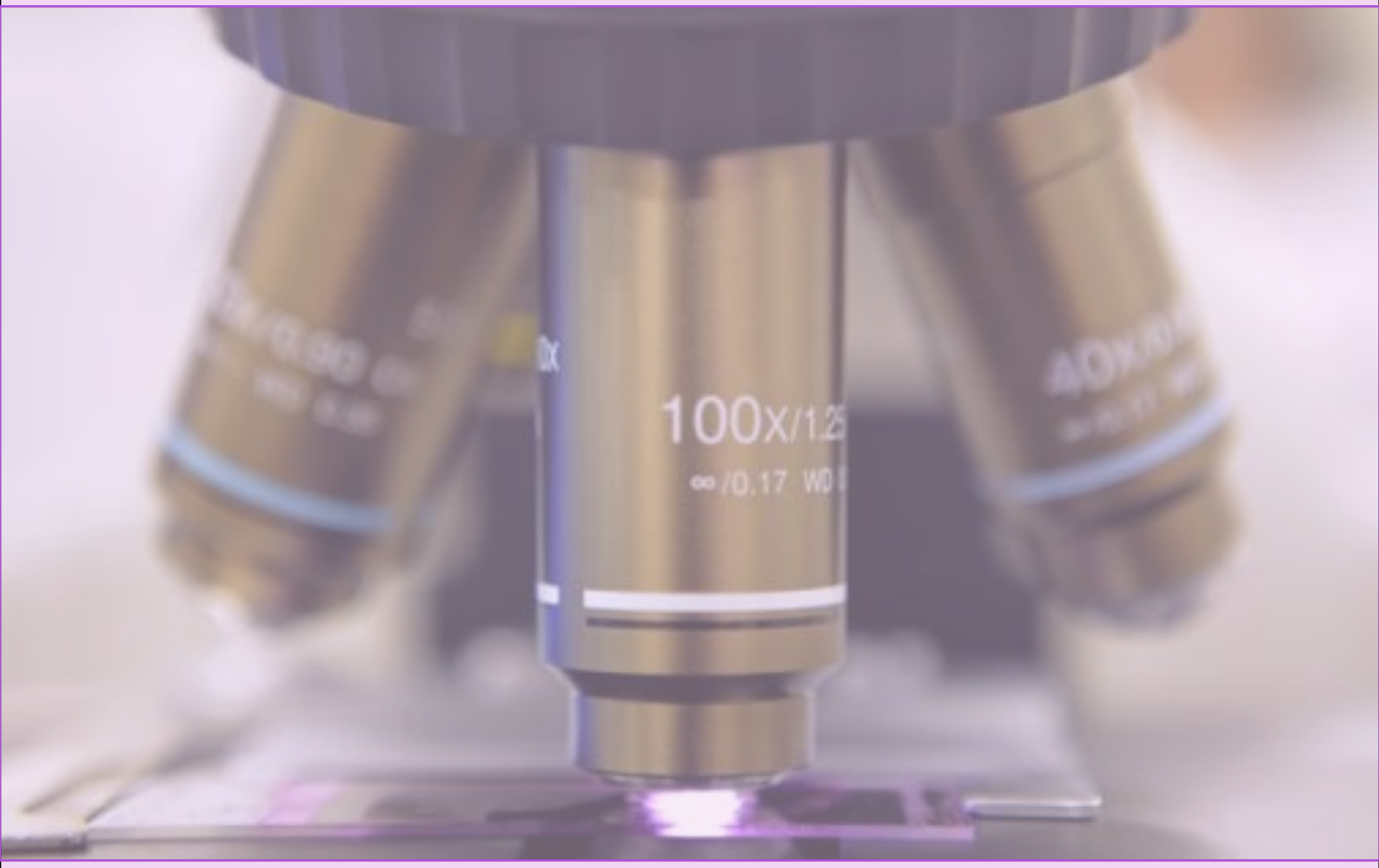
Issue 3
January 2014

Haem Trainee



starting out in haematology

interview with Prof Atul Mehta

writing textbooks

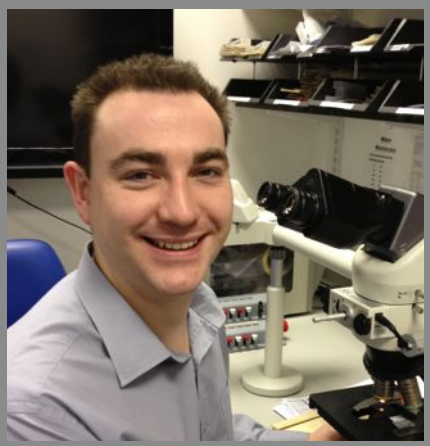
Welcome to the Haem Trainee

Time has flown by since I started training in haematology, and although I would until quite recently have called myself a 'new trainee', it would appear that I can no longer use that excuse, with CCT imminent. Reading Suzanne Docherty's article in this issue brings it all back into focus, and serves as an excellent guide for new trainees.

There seem to be a multitude of books being publshed in the field of haematology, on an almost monthly basis. Many new titles have been reviewed in this issue to help guide these expensive purchases. We are also immensely lucky to have an article written by Cambridge University Press' commissioning editor for haematology, Nisha Doshi, on how to get involved with writing and editing yourself. Take a look at her article and you could soon find your book being reviewed in a future issue.

As always, this is your magazine so please get involved. If you don't want to write, please feel free to make suggestions. There are plenty of opportunities for those who wish to get involved. Just email me on editor@haemtrainee.com

Joel Newman
Editor, *Haem Trainee*
Haematology ST7, Eastbourne



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Starting Out in Haematology

Suzanne Docherty gives us a view of haematology through the fresh eyes of a new specialty trainee

I learnt that I had been offered the Haematology ST3 post I wanted while sat in A&E in the middle of a frantic on call shift in general medicine. No sooner had the hugs and congratulations of my peers and the nursing staff (plus two curious police officers, and their very inebriated charge) died down than, terrifyingly, I became an overnight authority amid the medical team on acute haematological presentations.

Was this set of blood results indicative of DIC? Could Mr Bloggs have a novel anticoagulant instead of warfarin for his AF to save him the trip the phlebotomy unit? Should platelets be used for a patient on aspirin going for a PICC line? Frankly you might as well have asked me for the Meaning of Life, and I deflected everything to the hospital's real Haematologist on call, to the palpable disappointment of my colleagues.

My mood brightened again when an invitation to British Society of Haematology's inaugural day for new Haematology ST3s at the Royal College of Pathologists arrived a few weeks later. I joined an assortment of newly appointed trainees, and some current ST3s in Haematology, to plough through some basic facts, fallacies, and blood films as the metamorphosis to real Haematologists began. This was one of the most useful days of my life in retrospect, offering real practical insights into all the odd queries that hit you when you are taking calls for Haematology. Most of these pertained to anticoagulation and use of blood products during the training day, and so it has proven since starting the job.

I went back to my day job as a Gastro SHO, started following TeamHaem (@TeamHaem) on Twitter, read and re-read all the information handed out to us, and waited for my real life to begin in August.

I started my ST3 post with some trepidation, afraid that I might be expected to know more than I did, and do more than I could, but I had nothing to fear. I had heard that for the first six months at least, you have little idea of what is going on around you as a Haematology Registrar, but after a couple of SHO posts in Haematology and Oncology, some parts were already familiar.

My Clinical Supervisor suggested reading Hoffbrand & Moss's 'Essential Haematology' from cover to cover, and over the first few months I did just that, highlighting sections as the trains carried me to and from work across the Fens and the Broads. I supplemented this at work with snippets in the 'Oxford Handbook of Clinical Haematology' while sat in clinics and MDT meetings.

Blood films were a source of much anxiety initially; despite the help from Professor Bain's 'Beginner's Guide to Blood Cells', for some weeks I was convinced that I would never learn to see what others did, and wondered if there might a touch of the Emperor's New Clothes to seeing patterns in the films. TeamHaem helped enormously as I battled through the first weeks of learning to look at films, with their publishing of interactive case studies in stages, and release of the corresponding blood films. My microscope also seemed to have a

mind of its own. It is furnished with more dials and knobs than I think decent (there are still a couple which don't seem to do anything at all) and the oil for the oil objective lens goes everywhere but on the slide (top tip: it tastes terrible, and don't rub your eyes with it still on your hands).

Nil desperandum, I bought a small atlas of haematology to start with, then acquired Hoffbrand's fantastic 'Color Atlas of Haematology'. I was given copies of Dacie & Lewis's 'Practical Haematology', and Hoffbrand *et al*'s 'Postgraduate Haematology' for my birthday.Thus equipped, I have fallen into a routine of reading the relevant sections of 'Postgraduate Haematology' for new patients' conditions as I encounter them on the ward and clinic, then checking for relevant guidelines on the British Society of Haematology website (and Blood's 'How I Treat…' publications), and referring to Dacie & Lewis for details of the lab tests needed.

I have yet to start learning to report bone marrow aspirates and trephines, and I suspect these may prove a little trickier than blood films (certainly if the size of Professor Bain *et al*'s 'Bone Marrow Pathology' tome is anything to go by). I run a weekly Journal Club in the Haematology Department at my hospital, and the latest/most interesting/most controversial topics are debated into the ground by the SHOs, my consultants and I each Friday. I have already had my first submission rejected by the British Journal of Haematology (a rite of passage that I am told we must all go through), and presented an interesting case study at a regional meeting.

Gradually the mists are clearing over the commoner haematological presentations, and I can generally manage patients with long term conditions such as haematochromatosis or myeloproliferative diseases myself… most of the time. However, the weekly lymphoma clinic still loses me in the sheer complexity and variety of chemotherapy regimes and treatment schedule requirements, both within and outside of clinical trials. The MDT meeting has, however, gone from being utter gibberish back in August to mostly comprehensible now. I have learnt to sit with the Haematology Specialist Nurses, our Staff Grade and the Haematology Pharmacist in meetings for a quick informal aside on what is going on at puzzling points.

The strong team working element of this training post has been without doubt the best thing (as has my colleagues' enormous love of having a supply of coffee at any sit-down occasion). The weekly bone marrow list with the Specialist Nurses has swung from being hugely exciting at first, to terrifying when I had little initial success, back to being a more routine affair now that I am some months into the job. I am now fully trained and registered to give intrathecal chemotherapy, and I have just removed my first Hickman line unsupervised.

It's hard to believe how far I have come already in four short months - it's been the most interesting and intellectually satisfying of posts, and by far the most I have ever enjoyed going to work. Onward and upward toward ST4 and the FRCPath Part 1!

Dr Suzanne Docherty
Haematology SpR
James Paget University Hospital

your Haem Trainee needs you

We are looking for others to join the team, coming up with ideas for articles, and hopefully also writing those articles. Don't worry if you haven't written for a magazine before, we can edit your work before publication, and articles can range from a few hundred words up to around one thousand.

This magazine is designed to be written by Haem SpRs for Haem SpRs - if you found something interesting - a course, book, resource etc - your colleagues probably will too, so write about it and let them know.

Contact us with your ideas and articles - editor@haemtrainee.com

Writing Textbooks

Haematology commissioning editor, Nisha Doshi, gives the inside track on getting into publishing

Writing or editing a book is a great way to share your enthusiasm and expertise about a subject that interests you, and it is also an excellent way to get your name known by others working in your field, as well as the next generation of trainees. If you haven't been involved in a book project before, you might wonder where to start and even whether people still buy books anymore.

What makes a good book?

The most common mistake authors make is to try to write a book, or a chapter, that is aimed at too many different groups of readers. For example, you might think that medical students, specialty trainees, consultants, nurses, and patients should all be interested in the topic you're writing about. Realistically, though, you can't write something that is relevant and interesting to all these groups at once. One of the first things you need to do, therefore, is decide who your book will be aimed at and bear this target readership in mind throughout the writing process.

Of course, you need to decide what you are going to write about. A book is not an extended paper in a journal. Is there a topic that you or your colleagues struggled with during training, for which you couldn't find a well-written or user-friendly resource? What features might be useful for your target readers, for example illustrations, videos, tables or lists of key points, bulleted text rather than flowing prose… Will you be writing the whole book yourself, or with one or two co-authors? Will you be inviting contributing authors to write chapters and then editing these yourself? The first (authored) approach allows you a greater degree of consistency throughout the book, but the edited approach allows you to harness the expertise of a larger number of people.

As you'll know from the books you've used yourself, the names of the authors can play an important role in your decision about whether or not to buy or use the book. Do you have a senior colleague who has 'name recognition'; might he or she be willing to co-author or co-edit your book? Do you have overseas collaborators or contacts who might like to work with you to make your book more attractive to an international market? For example, if you work in the UK you might like to work with a co-author from North America.

You also need to think about the format and size of the book you intend to write. What sort of book would be most appropriate for your topic and target readership – a large, glossy, full colour textbook or a small pocketbook? What level of detail will you be including, and approximately how many pages might you need per chapter? Do you need to use colour or would black and white printing be more appropriate? Colour printing can be expensive, so you need to be sure that use of colour will add value to the book.

Your publisher can help you make these decisions and, indeed, will probably have their own ideas about what would be best, but it's worth thinking about these aspects before you get started.

Is there still a need for books?

Of course as a books Commissioning Editor, I would be bound to say yes! It's certainly true that lots of people

prefer to read books on their iPad or Kindle rather than reading a paperback these days. However, a surprisingly large number of people still like to flick through a printed book. At Cambridge University Press we make our content available in a wide variety of print and electronic formats, so people can access it in whatever way they prefer. As long as print and electronic rights are secured for all the content in your book, we will automatically make it available as an ebook as well as a print book. Your 'book' might include some content on a website alongside a more traditional printed product, or maybe it will all be online.

If I have an idea for a book, what happens next?

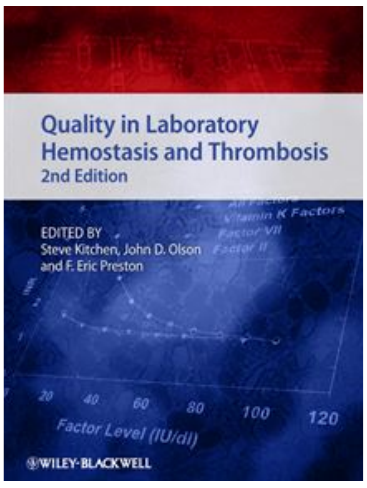
After discussing your idea with your publisher, you will be asked to put together a brief written proposal. The publisher will arrange peer review of the proposal and draft contents list with an anonymous panel of referees. Assuming the reviews are supportive, the project then goes forward for formal approval. In parallel to this process, a business plan is made for the book, determining size and production costs, projecting sales, and setting prices in collaboration with sales and marketing colleagues around the world.

Once we have offered you a contract to write or edit your book, we will send you (and your chapter authors, where appropriate) detailed guidance about how to prepare and submit your manuscript. We will work with you during the writing and editing process, which normally takes 1 to 2 years depending on your other commitments. We then arrange copy-editing, typesetting, proofreading, etc – the production process takes approximately 6 to 9 months depending on the size of your book. Once your book is published, we engage in lots of marketing and sales activities to help get the word out to as many potential readers as possible – marketing activities include sending out catalogues, flyers and/or emails, displaying and selling books at conferences and events, working with journals and societies to promote books, marketing via social media, and much more.

How can I get involved?

At Cambridge University Press we are actively expanding our range of books in haematology and we are particularly interested in new books for trainees. I would love to hear from you if you have any ideas about new books we should consider, or if you're interested in getting involved as a reviewer of new book proposals (we offer a small quantity of free books in thanks for your time when you put together a brief review). Of course, if you have ideas for a new book of your own, I'd be delighted to discuss these with you. Please do get in touch (ndoshi@cambridge.org)!

Nisha Doshi
Commissioning Editor
Cambridge University Press



Quality in Laboratory Hemostasis and Thrombosis

Steve Kitchen, John D. Olson, and F. Eric Preston. 2nd Edition (2013). Mosby. ISBN: 047067119X, £79.99

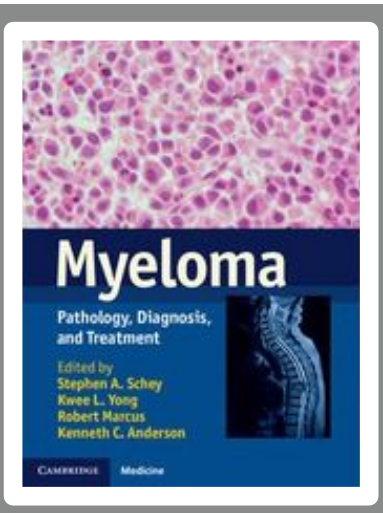
The title of this book does not stand out perhaps as much as it should. Much has been said about the importance, and also lack, of laboratory exposure in UK haematology training. The case has been convincingly made for increased laboratory experience, as there is no substitute for hands-on practice. Nevertheless trainees have been trying to make up for the lack of hands-on training by reading books, and I can not recommend this book more highly for this purpose.

This title is divided into four parts covering the general quality program, quality in coagulation testing, platelet function and von Willebrand disease, and thrombophilia testing and anticoagulation.

Chapters on reference samples, external and internal quality assessments explain the subject with unusual ease and clarity. The sections on haemostasis in children are equally laboratory focussed and cover the pitfalls of assessing these challenging patients. Of course, for those taking exams, the sections on platelet function testing and diagnosis of von Willebrands disease provide an excellent review of laboratory aspects of these issues.

This book does not give clinical information about the diagnoses discussed, but that is not what this book is, or should be, about. Quality in Laboratory Hemostasis and Thrombosis is a treasure-trove of well-written, simple to undertand, laboratory-based education, and its scope reaches well beyond the 'quality' aspect.

Although book reviews are often positive, this review should be seen as definitively positive. The only downside of this book is that it was published after I took my part 2 FRCPath examination - it would have been very useful.



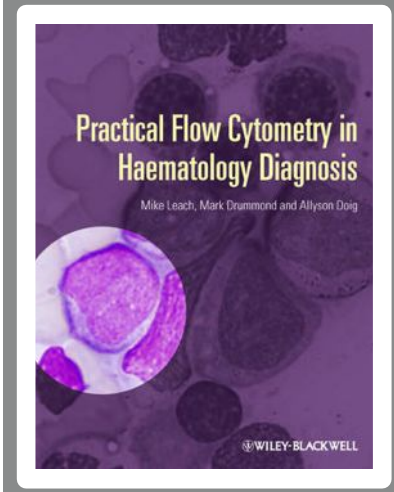
Myeloma: Pathology, Diagnosis and Treatment
Stephen A. Schey, Kwee L. Yong, Robert Marcus and Kenneth C. Anderson. Cambridge University Press (2013). ISBN 9781107010574, £85.00

Following on from the success of the first edition of 'Lymphoma' in 2007, Cambridge University Press have produced a new title: 'Myeloma'. Edited by a panel of well known haematologists, including the author of Lymphoma, and written by an equally well renowned cast of specialists, this book provides good coverage of the subject area.

Initial chapters cover the increasingly important areas of the genetic and epigenetic changes in myeloma. It is clear that this area is going to expand with treatment options selected on the basis of the patient's molecular characteristics. Although a number of guidelines have recently been produced by the British Committee for Standards in Haematology on the subject of myeloma, having a book that brings these issues under one cover is welcome.

As should be expected, the book covers plasmacytomas, amyloidosis, Castleman's and POEMS syndrome. However, it also includes a chapter on Waldenstroms macroglobulinaemia. The final section of the book covers supportive therapies in myeloma, including the management of renal failure and infections in this patient population. There is a section on the use of bisphosphonates in these patients, and although it does shy away from giving practice-based advice in this area, it does present the evidence currently available.

In conclusion this is a welcome addition to the haematology literature, and will no doubt become a long running text.



Practical Flow Cytometry in Haematology Diagnosis
Martin Leach, Mark Drummond and Allyson Doig Wiley-Blackwell (2013). ISBN 9780470671207, £89.99

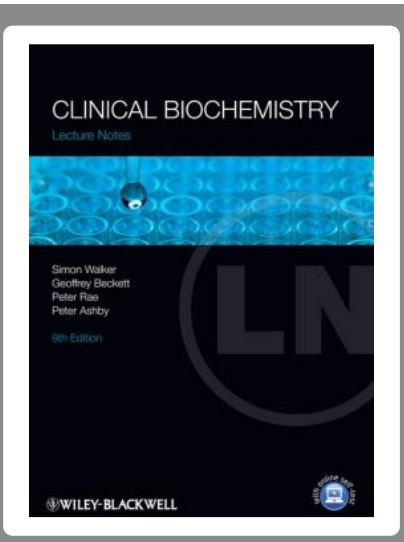
Flow cytometry is now ubiquitous in the world of haematology. Barely any diagnosis of malignancy is made without its use, with prognostic information also being obtained. Specialists within haematology are expected to be able to interpret results from these tests with ease, but unless one can spend time within a flow cytometry laboratory, proficiency in interpretation may vary.

There has been a gap in the market for a book like this for some time. Although it will appeal to those working in the laboratory, its primary audience appears to be haematologists. It takes the reader through the basics and principals behind the technique of flow cytometry, then covers flow plots of normal blood and marrow.

The text then covers the haematological malignancies in turn, along with coverage of minimal residual disease, reactive phenomena, flow cytometry of non-blood/bone marrow sources, and in paroxysmal nocturnal haemoglobinuria.

As all trainees are aware, flow cytometry results and plots should be interpreted in context, and this book includes many worked examples incorporating a clinical history, morphology images, and flow plots.

There is no doubt that this book will find its way firmly onto the bookshelf in every laboratory, and into the work bags of many trainees.



Lecture Notes: Clinical Biochemistry

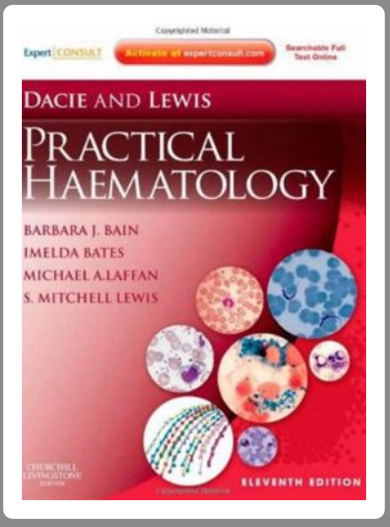
9th Edition. Simon W. Walker, Geoffrey J. Beckett, Peter Rae, Peter Ashby. Wiley-Blackwell (2013). ISBN 9781118272138, £29.99

You may be confused as to why a Clinical Biochemistry book is being reviewed in a Haematology magazine, but fear not, this is no error. As haematologists, we are constantly being asked for advice on patients, especially in relation to their blood results. Often this is purely haematological, but on many occasions biochemical parameters have to be taken into account.

The ninth edition of this book, aimed primarily at the student/junior doctor audience, provides a solid commentary on basic clinical biochemistry, with particularly useful sections on liver disease and disorders of iron and porphyrin metabolism, although the latter manages to discuss the topic without mention of hepcidin. These chapters cover the majority of telephone calls that relate to anaemia, but when reviewing the chapters it is clear that there are many that touch haematology practice in one way or another.

Sections on protein electropheresis, light chain assays and cryoglobulins are useful, although brief. Sections on calcium homeostasis aid with the common, often reflex, calls for help in the hypercalcaemic patients, which regularly end up being non-haematological. Even sections on gout and hyperuricaemia, and cerebrospinal fluid assessment have relevance for haematologists.

Overall, this is a good introduction and overview of clinical biochemistry for clinicians, but in reality I was often left wanting more explanation about the tests, interactions, false-positives etc. Also, as the title suggests, this is a clinical book, so there is little discussion about laboratory techniques and assays used, which can be frustrating.



Dacie and Lewis: Practical Haematology, 11th Edition

Barbara J. Bain, Imelda Bates, Michael A. Laffan, and S. Mitchell Lewis. Churchill Livingstone. ISBN 0702034088. £73.49

This text hardly needs an introduction, having been a staple on the Haematologist's shelves for 63 years.

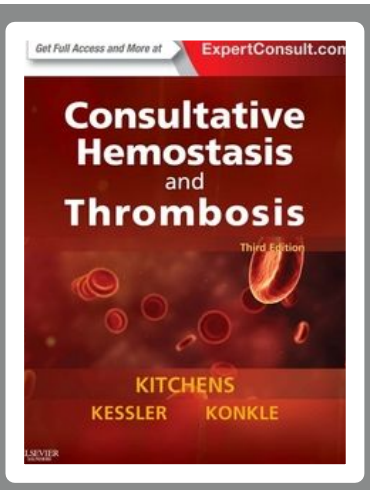
This latest edition sees a major overhaul of the design and layout, bringing a more colourful reading experience. A new, and welcome addition is the provision of online access to the full text at ExperConsult.com - which prevents shoulder strain on the commuting trainee.

The chapter structure has changed little from the previous editions, with coverage of all the major topics in laboratory and clinical haematology. The chapter on flow cytometry has been expanded and improved to keep up with the pace of change in haematological diagnosis, as have the sections on cytogenetics.

What hasn't changed, however, is the excellent coverage of morphology and laboratory techniques, although some of the text is too detailed from the view of a clinical haematologist, and can seem more like a recipe.

However, don't get rid of your old copies yet! Coverage of the now rarely used staining techniques often mentioned and loved by older generations of haematologists have been removed, and the reader is instead referred to previous editions of the Dacie and Lewis to get that information if required.

With the multitude of haematology text books flooding the market, is there still room for Dacie and Lewis? Without a doubt. It is the only text that truly covers the required laboratory topics in sufficient detail for haematology trainees and consultants. The only book that comes close is Gary Moore's 'Haematology: Fundamentals of Biomedical Science', which although similar, primarily caters for the biomedical scientists, and lacks some of the clinical insights of Dacie and Lewis. Regardless, it would be difficult to complete SpR training without either owning, or having good access to this textbook.



Consultative Hemostasis and Thrombosis

Edited by Craig Kitchens, Barbara Konkle and Craig Kessler. 3rd Edition (2013). Elsevier Saunders. ISBN: 9781455722969, £142.00

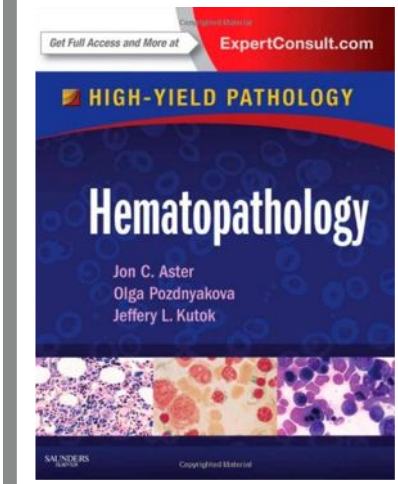
Despite being in its third incarnation since first being published in 2002, this is not a book I have previously come across. That was, at least, until I saw it selling like hot cakes from one of the booksellers at last year's International Society of Thrombosis and Haemostasis (ISTH) annual congress in Amsterdam.

It's not hard to see why this book would be so popular. The subject alone is probably one of the most variably practiced within haematology, with many different possible strategies to manage each situation - often with each strategy being as valid as the next. Management plans are often based on pre-learned or pre-conceived ideas, but with new evidence being gathered all the time, only those sub-specialising in this area can keep up. Accordingly, this book has been developed to breach that gap.

The book covers the general haemostatic process, followed by haemorrhagic, then thrombotic topics. The final sections cover therapeutic options (such IVC filters, thrombolysis etc.), issues specific to women, and special issues, which covers consultative topics including CNS, cardiac, sickle cell and surgical aspects.

Consultative Hemostasis and Thrombosis is wonderfully evidence based and clear on what has and has not been discovered in trials, and the shortcomings of those studies. Consequently, however, there are occasions where the authors restrain from giving specific advice, but leave it to the reader to weigh up the options for their particular patient. Although this can be frustrating, it is clearly necessary as no two cases are the same.

Despite the pricetag, this is certainly a good investment, particularly if your practice is outside a major teaching hospital, with limited access to a sub-specialist in coagulation. The online access to the entire text via the ExpertConsult.com website is just the icing on the cake.



Hematopathology

1st Edition. Jon C. Aster, Olga Pozdnyakova and Jeffery L. Kutok. Elsevier Saunders (2013). ISBN 9781437717587, £167.00

A couple of well known atlases are available in bone marrow and blood pathology, predominantly those by Prof Bain *et al.* Entering this market is fraught with difficulty. *Hematopathology* is authored in the United States, and comes from the 'High Yield Pathology' series. As such, it's style is very much a bullet-point list of key facts and information, alongside numerous high quality cytological and histological photographs, and printed on glossy good quality paper stock.

Although the main sections of the book relate to haematological malignancies, there are also sections on red cell disorders, platelet disorders, haemostasis (DIC and TTP), and infections.

Each clinical entity is covered by an average of between one and three pages. Each section has a clear template to help memorize the information: definition, clinical features, pathology (histology, immunophenotyping and genetics) and main differential diagnoses.

As a result of the simplistic template-based format, there are no descriptions to aid morphological interpretation, or more detailed explanation of the nuances of each condition. For some this provides refreshing clarity, and aids learning, but for others this may seem overly simplistic.

Nevertheless, this book is a useful overview for confirming suspected diagnoses, and to help guide further testing. However, although we are used to high book prices in niche subjects, this particular text is significantly more costly that I would expect.

A meeting with Prof Atul Mehta

Consultant Haematologist, Royal Free Hospital

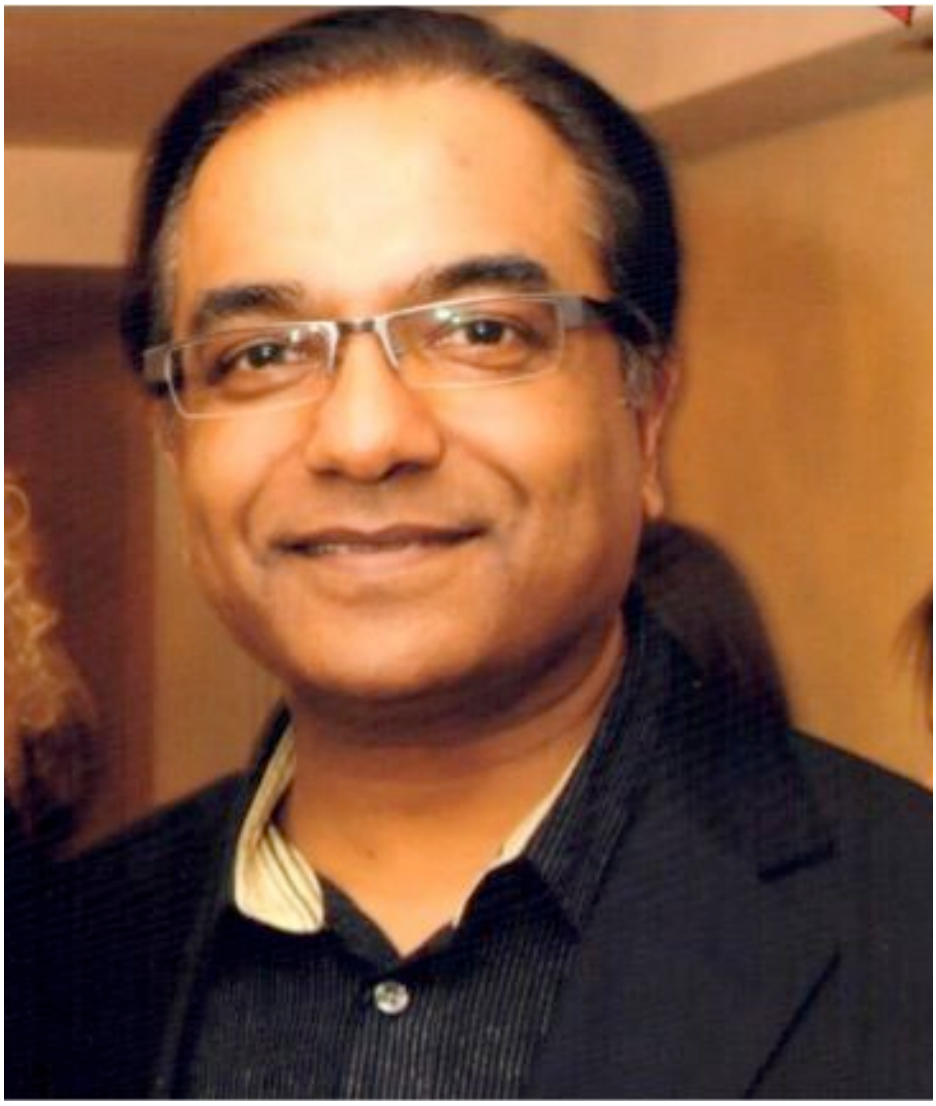
How did you become interested in your sub-speciality?
My choice of haematology as a specialty was for the same reasons that apply to so many of us - the mix between clinical and laboratory aspects of medicine, the Science and the Art, if you like, of our profession. Which other speciality offers that?

I started my training in 1979 at the Royal Free and then went on to Hammersmith. I returned to the Royal Free as a consultant in 1986.

The other factor that influenced me was Opportunity. When I went into haematology it was clear that with a bit of luck and a lot of hard work one could get the exams. I would advise people to consider Opportunity when they are making their career choices. That was very much the case with regard to my sub-speciality choice of Lysosomal Storage Disorders. I was the right person in the right place when the Opportunity came along in the early 1990s to develop a centre specialising in the treatment of Gaucher disease. We already had a small cohort of patients, an exciting new treatment had just been licensed and there was work to be done in making the treatment available to patients. I had already developed an interest in molecular genetics during my MRC Fellowship at the Hammersmith with Professor Lucio Luzzatto. Lucio's work encompassed many aspects of haematology but his greatest contributions were in the population genetics of G6PD deficiency. Gaucher disease is very similar to G6PD in many ways – both are enzyme deficiencies caused by genetic mutations, both are very interesting from the population genetics viewpoint, and the early research in both areas focussed on enzyme biology and characterisation of mutants.

Gaucher disease was a natural for myself as a haematologist and the opportunity arose later to develop a centre encompassing other lysosomal storage disorders.

What have been the highlights of your career?
There have been many. I was fortunate to be around at the arrival of the molecular revolution in haematology and very fortunate to spend two fantastic years in Lucio's laboratory at Hammersmith. I was then fortunate enough to be appointed to a Consultant post at the Royal Free and thoroughly enjoyed the 1990s decade here when so much high quality science and clinical haematology was being pursued. I was able to establish molecular diagnostic techniques and obtain peer reviewed support for a laboratory research programme. Another highlight for me has been my work in multiple myeloma. Twenty to thirty years ago, none of my colleagues wanted to look after myeloma patients as it was a pretty thankless task. I was able to develop a practice largely because of where I was and



the fact that nobody else was particularly interested. How the world of myeloma has changed!

I must also mention the fact that I have had the support of so many talented people both here at the Royal Free and elsewhere – ranging from home, elsewhere in the UK and Internationally.

What do you enjoy most about teaching?
The best thing about teaching is that the teacher has an opportunity to learn. I always learn something new from my colleagues (I therefore hesitate to use the word 'students'). It is a privilege to be able to interact with bright committed and enquiring young minds. When it comes to postgraduates, the big attraction is the material; haematology is intrinsically such a fascinating subject. Teaching Haematology to undergraduates is slightly different. I think it is rightly, a little off the mainstream for most undergraduates and understandably many of them are not particularly interested. However, I have always found it rewarding, particularly having work experience sixth formers around me – they can offer tremendous insights and make us realise that we very frequently cannot see the wood through the trees!

What influenced you to write a medical book such as Haematology at a Glance, now in it's Fourth Edition?
I have always fancied my writing skills, ever since my Cambridge Part 2 Tripos paper in Social and Experimental Psychology was so well received! I owe a huge debt to Victor Hoffbrand with whom I've worked for so many years. I grabbed the opportunity to write a text book with him. Each new Edition is an opportunity for both of us to learn more about our fascinating discipline.

What changes in haematology have you seen over your career?
For good, the best change for sure, has to be the huge expansion of the specialty. Haematologists have migrated from the periphery all the way down to the centre of hospitals and medical practice over the last 30 years; and the explosion in molecular science puts haematology at the very nucleus of scientific medicine. Changes for the bad are the looming privatisation of laboratory haematology. I fear that this will make it increasingly difficult to work simultaneously in the laboratory and the clinic as I have been able to do for much of my career.

What challenges do you perceive trainees will have to face in the future?
Our treatments are becoming more and more expensive, sometimes patients are not able to access treatments they need because of cost. I have seen the importance of working with patient organisations and of having a constructive dialogue with the pharmaceutical industry. I have also learnt the importance of being on the inside track – you don't get to where you want to be by shouting at people, rather you have to understand the issues from different viewpoints. The National Health Service is a fantastic treasure – but funding is an enormous challenge and this is only going to become greater as the years go on.

What are your interests outside of medicine?
A work life balance is very important for all doctors. My wife is also a doctor and I am fortunate in that she supports me so many aspects of my work. We are thrilled to have a daughter and it has been very important for us to make space in our lives for parenthood which has been the most fulfilling experience of all. I have recently become quite interested in keeping fit, cycling is my latest source of the 'endorphin hit'.

What has been the key to the success/achievements?
If I had to say one thing it would be that I have taken some of the opportunities that life has presented. I am sure I have missed a few – but there have been a number that I have spotted and taken.

One advice I would give trainees is: look out for the opportunities and if you see them, grab them!

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