**A Career in Academic Anaesthesia**

Cliff Shelton

*Consultant Anaesthetist, Wythenshawe Hospital; Senior Clinical Lecturer in Anaesthesia, Lancaster Medical School.*

**Why academic anaesthesia?**

Anaesthesia is perhaps not thought of as very ‘academic’, but research is nevertheless central to the ongoing development of our specialty. Academic *clinicians* contribute to this process by bridging the gap between research and practice, ensuring that study questions are relevant at the ‘coal face’, and by bringing research into the clinical setting. An academic career offers many opportunities, including involvement in research, innovation, undergraduate and postgraduate education, supervision and leadership. Furthermore, the sessional nature of anaesthetic practice lends itself to a portfolio career. Despite these benefits however, a formal commitment to academic work is relatively unusual in anaesthesia, with only 64 full-time equivalent senior university posts distributed between about 8,000 UK consultant posts.

**The challenges of an academic career**

There are several reasons why anaesthetists may not opt to pursue an academic career. It often requires gaining additional qualifications such as an MD or PhD, and does not offer any greater financial reward than a clinical practice. One of the greatest challenges, however, is that there is little ‘tradition’ of academic practice in anaesthesia, so finding mentorship can be difficult and this can make an academic career seem inaccessible.

**Integrated academic training**

One way to access mentorship in an academic career is through the integrated academic training pathway offered by the National Institute for Health Research in partnership with local education and training boards, NHS trusts and universities. Posts such as academic clinical fellowships provide access to research mentorship, a postgraduate qualification such as an MSc, and additional study budget to support academic career development.

**Other training routes**

Academic clinical fellowships are few in number are relatively competitive so they may not be available for all of those who wish to access them. Fortunately, however, there are numerous other alternatives such as local ‘in programme’ research training, out-of-programme fellowships, and, where available, involvement with local research projects.

**My career path in academic anaesthesia**

My ambition to work as an academic clinician grew from my interest in medical education, which I had developed through instructing on resuscitation courses. At the end of my acute care common stem training, I applied to be an academic clinical fellow in medical education, but was not selected for interview. I therefore decided to spend a year as a clinical teaching fellow at Keele Medical School, where I was given the opportunity to experience working in the university setting, and undertake some educational research alongside my teaching duties. I was also able to make a small contribution to curriculum design, helping to embed environmental sustainability into undergraduate teaching. This experience cemented my wish to work at a medical school, and on finishing that post with a few more CV points, I was appointed to the newly-established academic clinical fellowship in anaesthesia.

As an academic clinical fellow, I had one-quarter of my time in ST3, 4 and 5 assigned to research, and also completed an MSc in clinical research at Lancaster University. I was supervised by Andy Smith (consultant at Royal Lancaster Infirmary) and Maggie Mort (professor, Department of Sociology, Lancaster University) and conducted a study of how central venous cannulation is performed using ultrasound guidance. This project, based on an ethnographic approach (using observations in the workplace), gave me the methodological grounding to apply for a funded doctoral fellowship.

Following an unsuccessful application to a local funder, I obtained a doctoral research fellowship the National Institute for Health Research. My PhD out-of-programme, with all of my time dedicated to research. I was supervised by Dawn Goodwin (social scientist, Lancaster Medical School) and Maggie Mort, to conduct a study about what makes a ‘good anaesthetic’ for hip fracture repair. Undertaking this study allowed me to make valuable links with colleagues from around the UK who are interested in anaesthesia for hip fracture repair. During this time, I also pursued my interest in academic publishing, first as a trainee editor of *BJA Education*, and then as an assistant editor of *Anaesthesia Reports.*

I now split my time between a consultant post at Wythenshawe hospital, where I have regular sessions in trauma and obstetrics, and a senior clinical lectureship at Lancaster Medical School where I contribute to research, teaching, and academic leadership as director of clinical skills and simulation. There are several elements of my work that link the two posts together, including my interests in frailty and sustainable healthcare, which influence both my research and practice. I continue to enjoy working as an editor for *Anaesthesia Reports*, and find it very rewarding to help authors to allow others to learn from their experiences. I am also the deputy chairperson of the National Institute for Academic Anaesthesia’s Patient Carer and Public Involvement and Engagement group, which brings together researchers and the public, to ensure that research is meaningful to those whose care it seeks to improve.

I am very aware of the positive influence of others on my career; without the mentorship of my academic supervisors at Keele and Lancaster, and the support of the North West School of Anaesthesia, pursuing my career goals may have been an insurmountable challenge. It is with this in mind that I now try to spend some of my time providing opportunities for those with an interest in pursuing an academic career, for example though supervising academic trainees, supporting in-programme research opportunities such as the sustainable anaesthesia fellowships, and helping to run our regional journal club. This is not entirely altruistic; research is a team game, and if academic anaesthesia in the north west is to flourish, we need to increase the number of academic clinicians. This is reliant on maintaining a supportive research environment.

**Five top tips for an academic career**

* Plan ahead: academic training posts recruit earlier than clinical ones, and everything takes longer than expected. So, give yourself plenty of time and don’t miss out.
* Team up: research networks and collaborations offer great opportunities to undertake meaningful research.
* Find a mentor: there are lots of ‘unwritten rules’ in academic practice. Identify an experienced mentor so you don’t have to find them out the hard way.
* Start small: I really enjoy writing letters to journals, either in response to papers or to report small projects. These are a great way to ‘try out’ academic work!
* Be persistent: my first attempts at applying for both my academic clinical fellowship and my PhD funding were unsuccessful. These things are competitive by nature – so be prepared for failure – learn from it, dust yourself off, and try again!