

CURRICULUM VITAE

Andrew Rowland

Andrew Rowland decided on emergency paediatrics early in his training. During his career both this specialty choice and his involvement in medico-politics have provided him with a huge amount of variety. He has worked in the US and Cambodia through his charity work.



Specialty choice

I decided I wanted to do emergency paediatrics during a medical student attachment in a brand new children's hospital in Derby. The team there were so enthusiastic about having students, welcoming us and giving us a job to do.

Working with children

With emergency paediatrics you get a huge variety of clinical cases. Children generally have a very positive attitude. They may be upset or scared but if you treat them in the right way they usually get better quite quickly. That's not always the case with adults. A lot of people say they don't want to work with children but I love it—they're true to themselves and often say things that brighten up the day.



Medical politics

I got involved in medical politics as a student union rep and then with the BMA Junior Doctors Committee. As a team we achieved a lot in terms of juniors' training and hours of work. I also learnt a great deal—the BMA's negotiating skills training has been so useful both as a junior doctor and as a consultant.

Career highlight

The highlight was being awarded a Winston Churchill Memorial Trust Fellowship. It enabled me to visit the US and South East Asia looking at good practice around safeguarding children. I looked at child advocacy centres in the US to which children can self refer if they need extra support for things like child abuse,



domestic violence, or witnessing serious crime. I've been working with a research group in Salford looking at setting up something similar.

Small steps

During my fellowship I also looked at the impact of the mandatory reporting of child abuse. When I see cases of professionals missing signs of child abuse I think many of them could have been avoided if there had been better communication. I also called for a ban on smacking—small steps are being taken on this. There has been a consultation in Scotland and one is planned in Wales—things need to change but it won't happen overnight.

CAREER TIMELINE

1995-2000 University of Nottingham

2000-04 House officer and senior house officer posts, Nottingham and Manchester

2004-09 Specialist registrar posts in paediatrics and paediatric emergency medicine in the north west of England

2006-07 Vice chairman of the BMA Junior Doctors Committee

2009-present Consultant in paediatric emergency medicine, Manchester

2010-17 Member of the BMA Consultants Committee

2014 Fellow, Winston Churchill Memorial Trust

2014-present Honorary professor (paediatrics), University of Salford

2015-present Chairman of the board of trustees of SicKids charity

2015-present Interim deputy medical director, Pennine Acute Hospitals NHS Trust



Sensory space

I have set up a registered charity called SicKids which is based between the north west of England and Cambodia. In September we opened a sensory space in the children's emergency department at North Manchester General Hospital and we're going to open something similar in Cambodia. I go to Sihanoukville twice a year to run a clinic—I do a lot of child protection work there and see chronic disease, malnutrition but also things like asthma. Sihanoukville is popular with tourists and it's a beautiful holiday destination but there are also a lot of young people there who live on the streets and beaches.

Learning from Cambodia

We can learn a lot from Cambodia. We introduced an asthma protocol there—it was peer reviewed, locally designed and modified, and introduced within a day. They have a positive, can-do attitude—if that was the NHS we would probably still be talking about it.



Manchester bomb

I was involved in the response to the Manchester Arena bombing. What struck me was how well the emergency plan worked but also the response from patients, the public, and their families. They were caught up in something horrific



but they conducted themselves with absolute dignity and were very supportive of each other.

Portfolio career

I'm 40 and still have as much of my career ahead of me as I have completed. It's really important for me to have an interesting and diverse portfolio to provide a balance.



Adam Kay, 37, left medicine to become a comedy performer and scriptwriter—interests he combined in *This is Going to Hurt*, a book about his experience as a junior doctor (Picador, 2017) that has spent more than five weeks on the *Sunday Times* bestseller list. While reading medicine at Imperial College London he and Suman Biswas cofounded Amateur Transplants, singing medical parody songs. Leaving medicine made his mother cry, he claims, though not as much as coming out to her. Would he go back to medicine? No—and not only because his regular use of the f-word in his stage shows probably constitutes professional misconduct.

BMJ CONFIDENTIAL

Adam Kay Mirth partner

What was your earliest ambition?

To be Optimus Prime from *Transformers*.

What was your best career move?

Keeping a diary. It kept me sane, and now it's allowed me to share the junior doctors' lot with the public in a way that the BMA rather failed to.

What was the worst mistake in your career?

Choosing obstetrics as my specialty. I was drawn by the height of the highs, but I hadn't quite appreciated the depth of the lows. If I'd chosen a lower octane specialty—"dermaholiday," say—I'd probably still be in medicine.

How is your work-life balance?

Currently about 1/2, a career best. When I was a doctor it was 10/0—and, as we remember, dividing by zero proves impossible.

What single change would you like to see made to the NHS?

More money: I want to see the slow starvation of funds immediately reversed. When I left medicine I was a glitch; now I can barely look at Facebook without seeing brilliant former colleagues hanging up their stethoscopes.

What do you wish that you had known when you were younger?

I'd invest all of my money in Apple shares.

Do doctors get paid enough?

Doctors get paid a fair wage, but they work far too many hours for it.

What do you usually wear to work?

Boxer shorts, plus a dressing gown in winter. It's probably important to emphasise that I work from home.

Which living doctor do you most admire, and why?

My father. I know he'll read this, and I can't face the phone call if I say anyone else.

What is the worst job you have done?

My first SHO job in obstetrics. Turning up to my first shift and being expected to teach myself transvaginal ultrasonography was an especial lowlight.

What unheralded change has made the most difference in your field?

As an obstetrician, nothing ever changes: every improvement to outcomes during my career was actually due to advances in neonatology.

What book should every doctor read?

This is Going to Hurt: Secret Diaries of a Junior Doctor by Adam Kay. I wasn't expecting the questions to be this easy.

Summarise your personality in three words

Scurrilous, short tempered, sarcastic.

What poem, song, or passage of prose would you like at your funeral?

"If You Don't Know Me by Now (You Will Never Never Never Know Me)."

Is the thought of retirement a dream or a nightmare?

A dream. Although a slightly unrealistic one, as I haven't got a pension.

If you weren't in your present position what would you be doing instead?

I'd be a concert pianist. (This would also involve the public radically adjusting their expectations about how good concert pianists are at the piano.)

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