

ROLE MODEL

Rebecca Farrington

Anne Gulland speaks to the GP and clinical lecturer at Manchester University, who works closely with the city's asylum seekers and refugees



"General practice is a fabulous career. I couldn't imagine doing anything else"

NOMINATED BY PIYUSH PUSHKAR

"Rebecca has shown several cohorts of doctors how to engage in the academic world with precision and in the political arena with robustness. Most of all, she has inspired us to care for our patients, particularly the most vulnerable in society, with the great compassion that she devotes to hers."

Piyush Pushkar, core trainee year 3 psychiatry trainee, Wellcome Trust fellow, co-chair of Medact Manchester

Rebecca Farrington nearly gave up medicine because she didn't identify with the people around her. To avoid having to make a definitive decision she went travelling and ended up in New Zealand, where she did a couple of house jobs.

"Travelling gave me a lot of confidence. I thought, I'm going to make this [career] work for me. Doing it on my terms and not other people's was key," she says.

Doing things on her terms has been an ongoing feature of Farrington's career. She currently has three jobs: a session a week in a GP practice; a senior clinical lecturer at Manchester University; and working on an NHS project for asylum seekers and refugees.

This last job came about after the closure of the Horizon centre, a GP practice in Salford dedicated to refugees and asylum seekers, set up in 2004. It was put out to tender when primary care trusts were abolished in 2012 but, as it was non-profit making, no providers came forward. Farrington says, "We were made redundant which was devastating. We were working really well with a challenging group of patients. It was politics—some saw us as mollycoddling people who were coming to this country and supposedly 'draining' our resources. Our patients were told to go and find a GP somewhere else," she says.

Subsequently, Salford clinical commissioning group agreed to fund a service with Greater Manchester Mental Health NHS Foundation Trust to which GPs can refer asylum seekers, but it is not perfect. "Often, the people who manage to get referrals are the most articulate and assertive," Farrington says. "There are just too many barriers for most forced migrants to overcome," she says.

In her role, Farrington spends a lot of time diagnosing and explaining post-traumatic stress disorder, managing distress, and

helping with legal matters. "I also do a lot of education around asylum seekers. I go to GP practices and do workshops—some practices are desperate for it and others aren't. But I'm like a dog with a bone—it's one of my character traits," she says.

Before settling in Salford, Farrington had moved a great deal, both in the UK and abroad. She spent two and a half years as a field doctor for the charity Médecins Sans Frontières, working in Liberia, South Sudan, and Thailand. She also worked in Afghanistan, in a camp for internally displaced people in the city of Herat. At the time Herat was under Taliban control and only men were able to visit the city's clinic. "We set up a women's clinic with incredible female Afghan doctors but we had to run a men's clinic as well—that's the politics of getting access to vulnerable populations," says Farrington.

Later she returned to the UK to finish her GP training but itchy feet led her to a job as a locum for the British Army in Germany. "I had lots of preconceived ideas about the army but they looked after me very well. I thought it would be full of a certain type of person with fixed ideas, but I met a variety of people with many motivations for joining up," she says. The experience also gave her insight into the lives of army families—something which she believes is at the heart of a GP's role.

As a clinical lecturer, she encourages students to consider a career in general practice, spurred on by a report by Health Education England which found that students perceive primary care as "lower status" than secondary care. "General practice is a fabulous career and I couldn't imagine doing anything else. As much as it's stressful and frustrating, it's never dull and it's amazing to be part of people's lives," she says.

Anne Gulland, BMJ Careers agulland@bmj.com

LORNE CAMPBELL/GUZELIAN

NOMINATE A ROLE MODEL

To nominate someone who has been a role model during your medical career, send their name, job title, and the reason for your nomination to arimmer@bmj.com



Joanna Poulton is professor and honorary consultant in mitochondrial genetics at Oxford. Diseases caused by mutant mitochondrial DNA can cause a range of conditions including deafness, blindness, diabetes, and heart and liver failure. In most cases people have a mixture of normal and damaged DNA, and the severity of the condition depends on the proportions of each. Poulton hopes drugs may help harness a natural cellular quality control system to alter this balance and reduce disease severity.

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Joanna Poulton Research is in my DNA

What was your earliest ambition?

To be a fairy, with wings and a magic wand.

Who has been your biggest inspiration?

My parents: my mother, who got her Cambridge MD at age 90; and my father, who taught all of us scientific method and critical thinking.

What was your best career move?

Leaving my job as a temporary lecturer in paediatrics to start as an action research training fellow.

What was the worst mistake in your career?

When my supervisor left for London I should have followed him.

How is your work-life balance?

Improved by music. I sing in the Cathedral Singers of Christ Church, Oxford.

How do you keep fit and healthy?

Cycling to work, trampolining, gentle running, and walking holidays.

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

Better resources, supplied by a genuinely engaged government minister.

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

Two things. First, that there's a glass ceiling: I didn't know this until I hit it. Second, that I'd benefit by stepping out of my comfort zone to access resources.

Do doctors get paid enough?

Yes. In a grant crisis I went from a medical salary to a science salary for doing the same clinical research job, and my salary dropped by 45%.

To whom would you most like to apologise?

Team members whose papers and grant funding stalled because of repeated failures: twice I had uninterrupted runs of 15 unfunded grant applications.

Which living doctor do you most admire, and why?

Victor Dubowitz, because of his clinical skill, intelligence, originality, and energy.

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

The polymerase chain reaction, a simple way of copying DNA.

What new technology or development are you most looking forward to?

Bioinformatics that are really accessible, so that we can immediately understand output of next generation sequencing.

What is your guiltiest pleasure?

Not "guiltiest," but most secret: finding that my ADHD (something that was not confirmed until well into my 50s), and my disorganisation that sabotaged grant applications and papers, responds to medication.

What personal ambition do you still have?

To get another Wellcome grant. I have research questions I must answer.

What is your pet hate?

In discussions about patients, using numbers instead of names for the sake of confidentiality. Mistakes are bound to be made.

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

I'd be a research scientist in some other field.

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