

ROLE MODEL

Clare Searle

The respected GP combines a busy practice with obstetrics and gynaecology

"General practice is so broad it's nice to have something you feel secure with"



RICHARD H SMITH

NOMINATED BY NIKESH MEHTA

"Clare strikes a fantastic balance of kindness and toughness needed to be a GP these days.

"She has successfully set up and delivered community gynaecology with great success, and commands the respect of GP colleagues and consultants alike. She has also managed to move the practice into modern premises and manage a merger with a neighbouring practice.

"She runs a daily GP service with the precision of a Swiss watch. I will probably never achieve her level of perfection in my lifetime—she is a role model for us all."

Nikesh Mehta is a GP at Park End Surgery, Watford

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

From the beginning of her career, Clare Searle was torn between general practice and obstetrics and gynaecology. She loved the patient contact and continuity of care that general practice could offer but she was also fascinated by gynaecology. After completing her vocational training scheme in general practice, she decided to explore obstetrics and gynaecology again.

"I was told that to become a consultant was an impossibly long and difficult path and that it would be extremely hard to juggle my time between family and career," she says. "So, at 18 weeks pregnant, I made the decision to continue in general practice."

Her return to general practice coincided with the growth in laparoscopic surgery, improved ultrasound techniques, and a push for more procedures to be delivered in primary care.

Having undertaken an MSc in community gynaecology and reproductive healthcare, Searle launched a full community gynaecology service in 2010. She now manages the service, which is run by three GPs with a special interest (GPSIs) and a consultant who visits once a week.

The GPs triage all referrals from 28 practices in the area and take on all patients who can be treated in the community. Searle has also contributed to a book on community gynaecology and has served on two National Institute for Health and Care Excellence clinical guideline groups, one on infertility and one on abortion.

She is delighted that she has been able to combine her two areas of interest. "I often say to GPs that it's nice to have something you are especially good at. General practice is so broad and you see things early on when the diagnosis is not very clear. It's nice to have something you feel secure with—it gives you a safe haven," she says.

Throughout her career Searle has enjoyed having projects—be it setting up the gynaecology service or overseeing the design and build of new practice premises. Her current project is a practice merger. From April this year she will go from working in a 10 handed practice with around 17 000 patients to a 15 handed practice with a population of around 28 000 patients.

"For both practices it will be a challenge and there will be a culture change. This is a merger, not one practice taking over another, so that makes it a bit harder in some respects; it might be a challenge to make my voice heard," she says. "What we have to keep in mind is how best to meet the needs of our patients. My view is that we will only know if we have succeeded in about two years' time."

The merger has come about because both practices realised they could offer more as a single, larger unit. "We can maximise people's skills and offer more. The government is pushing for practices to be open from 8 am to 8 pm—that will be easier with more GPs," she says.

Searle also thinks a bigger practice will make GP recruitment and retention easier. "I have at least 10 years of my career left and, on a personal level, I didn't need to merge but we need to think of the next generation.

"We have to keep on looking forward to where general practice is going. We have to be able to attract new partners and our size, and being able to offer special interests, helps," she says.

Despite all the problems in general practice she enjoys the job at its heart—seeing patients. "I went into this job because I like people. I'm still happiest when consulting," she says. "I fight against any reduction in patient contact. This is a service job—keeping your bottom in that chair and improving patients' lives is what it's all about. There's nothing more real and rewarding than that."

Anne Gulland, London



Richard Sullivan, 48, is professor of cancer and global health at King's College, London, where he combines his interests in national and global cancer policy with wider studies of healthcare systems, particularly in areas of conflict. For nearly a decade he was clinical director of Cancer Research UK, and he worked at the London School of Economics before moving to King's in 2011. Last year he co-wrote an analysis of David Cameron's Cancer Drugs Fund, which concluded that it had cost more than £1bn and provided relatively small benefits, demonstrating the folly of making policy on the hoof

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Richard Sullivan Cancer control crusader

What was your earliest ambition?

To become a vet.

What was your best career move?

Joining the Cancer Research Campaign, which became Cancer Research UK.

What was the worst mistake in your career?

I've made quite a few! The trick in life is not to avoid mistakes but to own up when they happen and to try to learn from them.

How is your work-life balance?

The joy about doing "work" that I love is that there's no such artificial distinction.

How do you keep fit and healthy?

Extensive physical training. I do a lot of freefall parachuting and sports climbing, which require a lot of endurance and strength.

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

Make NHS trusts cooperate with each other. We need to recreate the ethos of intelligent kindness and continuity of care.

Do doctors get paid enough?

Seniors yes, juniors no, and the real casualties are NHS nurses.

To whom would you most like to apologise?

All of the refugees I've seen over the years for the degrading and uncaring attitudes they've had to endure.

What living doctor do you most admire, and why?

Gordon McVie [founding editor of ecancer.org, an open access cancer platform]. The gentleman never compromised on being a superb physician, researcher, and friend—nor tired of being curious and championing the public good.

What is the worst job you have done?

Opening envelopes for a summer job at the BBC.

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

The revolution in laboratory techniques that's made it possible to dissect cancer at every level, from the genome to imaging metastatic invasion.

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

In technology I'm excited about the possibilities of augmented/virtual reality, especially in surgery. As for systems, the day the political elite delivers on promises to fund equitable, affordable healthcare properly will be a welcome revolution.

What is your guiltiest pleasure?

Tattoos.

What is your pet hate?

Bigotry and cruelty.

Is the thought of retirement a dream or a nightmare?

I'll consider myself retired when I'm buried.

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

Luckily, I have no idea. I don't ever seem to daydream of counterfactuals.

Cite this as: *BMJ* 2018;361:k1560