

### Best advice

Perhaps the best advice I was ever given was to try for one of the trainee positions on the Royal College of Anaesthetists' college council. It was a massive eye opener and changed the trajectory of my career. I got involved in policy decision making and it gave me a lot of experience in fields that I wouldn't have known about, such as setting standards and curriculum design.

### Changing role

The job of an anaesthetist is changing from something that was predominantly about being in the operating theatre to a position where you're looking after a patient before and after the operation. People very rarely die during surgery but they can die afterwards because of chest infections, wound infections, or other complications.

### Backbone of the hospital



The anaesthetist works as part of a team to optimise a patient's health and fitness levels so they have a better chance of a good outcome. Anaesthetists are increasingly recognised as being a critical backbone of the hospital.

### Citizen Science

I lead the Health Services Research Centre at the Royal College of Anaesthetists. I am a big advocate of getting trainees involved in research. For a recent study, in which a trainee took a leadership role, we recruited 23 000 patients in one week with nearly 3000 grassroots clinicians collecting the data. This approach, which is called Citizen Science, is used in lots of other fields and I'm keen to use it more in perioperative medicine as a way to deliver research at low cost to the taxpayer.

### Positive deviance

My main area of research is around understanding what defines good quality care for patients undergoing surgery, not just in the operation but in the whole perioperative period. I'm more interested in finding examples of good than bad performance—an approach called positive deviance—and I try to spread that message.



## CURRICULUM VITAE

# Ramani Moonesinghe

The professor of perioperative medicine at University College London talks to **Jacqui Wise** about her search for positive deviance and how her speciality is changing

### CAREER TIMELINE

**2018 to present** Professor of perioperative medicine, University College London

**2010-17** Consultant and honorary senior clinical lecturer, anaesthesia and critical care, University College London Hospitals NHS Trust

**2016 to present** Associate national clinical director for elective care, NHS England

**2016 to present** Director, National Institute for Academic Anaesthesia's Health Services Research Centre, Royal College of Anaesthetists

**2015 to present** Health Foundation improvement science fellow

**2008-12** Council member, Royal College of Anaesthetists

**1991-97** MBBS and iBSc. (Physiology), University College London

### Technical innovations

I try to support and evaluate new ideas in service delivery or technical innovations. For example, we're about to start a trial to evaluate a virtual reality app developed by one of my students. It aims to stop children getting anxious around the time of surgery.



### Research is good fun

In the past, anaesthesia has not necessarily been thought of as an academic specialty, but this is changing. There's a perception that research is all about laboratories and pipettes but there are a lot of opportunities for clinicians to get involved in other types of research—such as that related to improvement and health policy. Research is good fun and career broadening. I want to make it more accessible and change the image—it's not just for old white men.

### Clinical director

I am now an associate national clinical director at NHS England, which involves giving clinical advice around elective and perioperative care and supporting the delivery of the NHS's key strategic goals.

### Women in medicine

I was flattered to be chosen as the Royal College of Anaesthetists' nomination for the Royal College of Physicians' *Women in Medicine—a celebration* exhibition. Although I'm not aware that I've been disadvantaged because of my gender or heritage, I recognise its importance.



### Family

I adopted two little boys about 15 months ago. They are now two and three so it's pretty full on. I compress my hours so I can do one a day a week childcare. The most important thing for me is spending time with my husband and children. I wouldn't be able to do most of the stuff I do without my husband's support. I live in the countryside in Sussex and if I have any spare time I enjoy walking, swimming, and playing the piano.

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John Carlisle, 51, is a consultant anaesthetist at Torbay Hospital in Devon and a critic of dubious data in medical trials. Convinced that his specialty was being polluted by false claims from the Japanese researcher Yoshitaka Fujii, Carlisle responded to a challenge to prove this, developing a statistical method that can measure how likely it is that the baseline data in a randomised trial are true. Fujii failed the test and has since had more than 160 papers retracted, probably making him the world record holder. Since then, Carlisle himself has had a paper on the wonders of the Mediterranean diet retracted—for sloppy randomisation, not dishonesty. Trialists everywhere have been forced to raise their game.

## BMJ CONFIDENTIAL

# John Carlisle In the Goldilocks zone

### What was your best career move?

Becoming an anaesthetist/intensivist/perioperative physician.

### What was the worst mistake in your career?

Not learning earlier how to listen.

### How do you keep fit and healthy?

The Dartmoor Classic cycling route goes past my door, so I cycle from 90 minutes to three and a half hours, depending on my training and the weather.

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

Greater integration with social care. We must remember how to care for dying people in the community rather than in hospitals.

### Do doctors get paid enough?

A question a lawyer would ask... watch me squirm. I'm in the Goldilocks zone of the distribution, while others are too close to or too distant from the money star.

### To whom would you most like to apologise?

Readers of my articles: I have a knack of making them incomprehensible.

### What do you usually wear to work?

Smart-casual, sleeves rolled up, wedding band, occasionally some breakfast. I change into scrubs for theatres and sterile garb for invasive procedures.

### Which living doctor do you most admire, and why?

Mike Grocott, for climbing a mountain to stab someone's femoral artery. He led an ascent of Everest during an expedition to the Himalayas, where an arterial blood gas taken at the summit had the lowest oxygen value ever measured.

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

Longevity and mortal amnesia—diminishing gains and prolonging death.

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

Independence from Earth.

### What book should every doctor read?

*The Hitchhiker's Guide to the Galaxy.*

### What is your guiltiest pleasure?

Having a chocolate after I've told my daughter that she can't have one.

### Where are or when were you happiest?

Home: being there, leaving there, returning there.

### What television programmes do you like?

Documentaries about scientists and discoveries. And the *Big Bang Theory*.

### What is your pet hate?

Even one dirty item in the sink dissuades the next person from washing up, and so it begins. I bought a clear plastic bowl labelled "Can't be arsed?" in which colleagues can leave their dirty plates and cutlery.

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

*Stopping by Woods on a Snowy Evening*, a poem by Robert Frost.

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

Working for SpaceX (Space Exploration Technologies). Now, that's a vision.

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