

ROLE MODEL

Bob Klaber

The consultant at Imperial College Healthcare NHS Trust speaks to **Kathy Oxtoby** about what makes paediatrics a wonderful speciality



RICHARD H SMITH

NOMINATED BY SARAH MONTGOMERY-TAYLOR

“Bob Klaber is an incredibly positive and infectious person to be around. Even a five minute conversation in the hospital corridor leaves you inspired and excited about opportunities to effect change and get involved in improving care for patients.

“Anyone that’s been lucky enough to cross paths with him would agree. Every person who works with Bob is known by name, and is made to feel appreciated for their contribution.

“For me, Bob models how it’s possible to give the best care you can to a patient, and at the same time work tirelessly to improve wider systems, process, and services to impact the health of a whole population of children.”

Sarah Montgomery-Taylor is a paediatric specialty trainee year 3 at Imperial College Healthcare NHS Trust, London

NOMINATE A ROLE MODEL

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

Paediatrics is a partnership with children, their parents, families, and carers, says Bob Klaber, “You have to put patients and families at the centre of everything. That’s what healthcare should be about.”

Klaber’s own family played a part in his choice of medicine as a career. His mother is a retired GP, his father a retired dermatologist, two of his siblings are GPs, and the third is a speech and language therapist. “So all six of us have worked in or for the NHS,” he says.

Growing up, he had a real curiosity about science and loved being around people. Having heard about the pros and cons of the medical profession “from the supper table every night,” he decided in his teens that he wanted to be a doctor. “I’ve not regretted my choice for one second,” he says.

Klaber’s desire to work with children also began when he was young. “One of my great loves is sport and when I was at school one of my holiday jobs was to coach children in summer camps,” he says. “When I was 16 I ran residential country holidays for deprived children from London, as part of a children’s charity team.

“Those experiences showed me how much I enjoyed interacting with, working with, and learning from children. Then, when I did my first placement in paediatrics I absolutely loved it and realised it was the right specialty for me.”

Klaber chose to do his clinical training at the Royal London Hospital, because he wanted to experience “a busy, complex, and interesting part of London where patients’ needs are diverse.” He adds, “I loved it there—it was so full of character and kindness, and it helped set the direction of my career.”

“We—consultants and trainees—are in the same team, so the flatter we make the hierarchy the better. It’s about creating an atmosphere where people can thrive”

Now Klaber holds a number of different roles. He is an acute paediatrician, covering the wards and doing outpatient work, and he co-leads a project called Connecting Care for Children which encourages GPs and other professionals in primary care and hospitals to work together.

As deputy medical director at Imperial College Healthcare NHS Trust, Klaber has established a quality improvement programme “with the aim of teaching and inspiring all staff to be able to improve how we look after patients and the staff experience.”

In all aspects of his work, Klaber tries to encourage junior doctors. One of the ways he does this is by trying to flatten hierarchies. “I don’t let anybody call me by surname—it’s unhelpful and gets in the way of safety as it could prevent people from pointing out that I’ve missed something or could have done something better. We—consultants and trainees—are all in the same team, and the flatter we make the hierarchy the better. It’s about trying to create an environment where other people can thrive.”

Klaber has “absolutely no idea” what he’ll be doing in 10 years but he hopes he will be able to continue to do work that is “a mix of caring for patients, strategic work, and mentoring.”

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Laurie Tomlinson, 46, is a consultant nephrologist in Brighton and a Wellcome funded associate professor at the London School of Hygiene and Tropical Medicine (LSHTM). After her nephrology training she decided that she didn't know enough to do proper research, so she went to LSHTM to take the MSc in epidemiology and never looked back. She uses electronic healthcare records to study the kidney related effects of commonly prescribed drugs. While pondering the difference between guideline recommendations and the patients she sees, she became fascinated by how evidence gets translated into clinical practice. So far her research has taught her that most things that she thought she knew were wrong.

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Laurie Tomlinson Adventures in nephrology

What was your earliest ambition?

To work with Hal and Roger Hunt, from Willard Price's *Adventure* books.

What was your best career move?

Resigning from my training post in Cambridge to pursue academic funding at LSHTM. It was terrifying, but it all worked out.

What was the worst mistake in your career?

Not having the confidence earlier to pursue the academic work I wanted to do. But, if I had done, I wouldn't have the experience to bring to what I'm doing now.

How is your work-life balance?

I have two small children. Everything is hard work—but (mostly) in a good way.

How do you keep fit and healthy?

I've recently become a Wilma (woman in Lycra, middle aged).

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

That feels like the wrong question at the moment. We're watching our public services dissolve, and it's agonising.

Do doctors get paid enough?

Yes.

To whom would you most like to apologise?

The father of a young patient who died badly. I regret that I didn't do enough.

What do you usually wear to work?

I work in a building of epidemiologists: Birkenstocks and jeans are compulsory.

What is the worst job you have done?

Medical SHO—the same job that made Harry Hill give up medicine. It was completely dehumanising.

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

Linking routine lab data to the GP record. It's transformed observational research.

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

Driverless cars. I've had nasty run-ins with drivers with cyclist anger issues.

What is your guiltiest pleasure?

Zwift [multiplayer online cycling and running videogame].

Where or when are you happiest?

In the countryside, walking, or at the top of a big climb on my bike.

What television programmes do you like?

I don't get to watch the TV I like, but I know an awful lot about *Topsy and Tim*.

Summarise your personality in three words

Self effacing, compassionate, curious.

What would be on the menu for your last supper?

Assam tea and chocolate.

Is the thought of retirement a dream or a nightmare?

Either way, it's a long way off.

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

I'd be an utterly miserable and flailing full time NHS consultant.

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