



CURRICULUM VITAE

Joanna Bircher

The Tameside and Glossop GP and clinical director tells **Adrian O'Dowd** how general practice can improve the health and care of communities

CAREER TIMELINE

2017 to present Clinical director of Greater Manchester GP Excellence Programme (RCGP)

2017 to present Member of the Academy of Medical Royal Colleges working group on quality improvement (QI)

2016-2017 RCGP clinical lead for quality improvement, building QI capability within GP practices

2015-2016 RCGP joint clinical lead for QI within the national diabetes audit

2015 MSc in leadership for quality improvement in healthcare, Ashridge Business School, as part of the generation Q programme, the Health Foundation

2012 to present Clinical lead for QI at Tameside and Glossop primary care trust and Clinical Commissioning Group

2011-14 Appraisal lead initially for Tameside and Glossop primary care trust and then area team for NHS England

2008-10 GP mentor for strategic health authority

2006 GP trainer for Health Education England North West

1999 to present GP principal and partner

1993 MB ChB (Hons) University of Manchester

1990 BA (Hons) Queens' College, University of Cambridge

A born natural

I graduated in 1993 after studying at Queens' College Cambridge and the University of Manchester medical school. I can't remember wanting to do anything other than work in healthcare. At primary school I said to my Dad, "I'd like to be a nurse." He replied, "Why don't you be a doctor?" I didn't know girls could be doctors.

Maintaining patient contact

Despite my leadership role as clinical director for the Greater Manchester GP Excellence Programme, I don't like to spend less than 3.5 days a week seeing patients. I love the contact and it helps me to stay in touch with the challenges we face in general practice so that I can understand why simple improvement solutions rarely work.



Family business

I completed my training in 1999, after a rotation at Stepping Hill Hospital in Stockport. After I qualified, health became quite a big deal in our family because my Dad became chairman of a hospital trust and then later chair of the NHS Confederation.



Why general practice?

When I began my career I wanted to be the doctor who looked after people through the highs and lows of their life. As I've progressed, I've recognised how important GPs are in influencing how care is arranged locally. We can promote the health of a population by neighbourhood working. GPs tends to "stick" in an area and can become an important part of that place based care.



Appraiser and trainer

I see similarities between the roles of appraiser and trainer and dealing with patients in the consulting room. You help people to adapt and achieve their best, either for their health or their career. One of the joys about appraising is meeting fantastic doctors and finding out how deeply they think about all aspects of the care that they provide for their patients.



Quality improvement

I've been clinical lead for quality improvement at Tameside and Glossop Clinical Commissioning Group since 2012. I've always been interested in optimising system performance—how can we do things better, slicker, and get better outcomes. I guess I have become a quality improvement evangelist.

Centre stage

I've been an amateur actor and choreographer since my university days. I've performed in and produced revues and plays that were taken to the Edinburgh Fringe Festival in 1988, 1990, and 2008, and I currently help to run a community theatre.

Life lessons

After 20 years in general practice, time has taught me not to think that it's the medicine that makes the difference. By all means, practise good medicine, but often what counts is how you support people to make choices about their own care.

Cite this as: *BMJ* 2019;364:l307





Ranjana Srivastava, 44, is an oncologist who works in the public health system in the state of Victoria, Australia, specialising in elderly patients. The daughter of a physicist, she had a peripatetic upbringing: born in Australia, she was schooled in India, the UK, and the US and qualified in medicine at Monash University back in Australia. Her main objective, laid out in a series of books and in columns in the *Guardian*, is sustaining trust between doctor and patient with honesty tempered by empathy—a sentiment strengthened by the loss of twin sons in the womb and by a patient who berated her for failing to make clear how poor her prognosis was. “When she dumped me as her oncologist I was dejected and humiliated,” she says, “but eventually I figured out one can never be too sensitive or too nuanced when having these conversations.”

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Ranjana Srivastava Writing to reach you

What was your best career move?

Winning a Fulbright scholarship to complete a fellowship in medical ethics. It taught me a different way of thinking, which eventually made me a writer.

How do you keep fit and healthy?

I go to the gym before I’m fully awake. I write a journal for me and one for my children. And I try to nurture relationships.

What single change to the healthcare system would you like to see?

Better communication between providers and patients about what to expect at all stages of illness, but especially at the end of life.

Do doctors get paid enough?

“Enough” means different things to us all, but I’m generally content.

Which living doctor do you most admire, and why?

Not a clinician but a scientist, who taught me at medical school. I learnt a little about medicine but a lot about writing, humility, and generosity towards peers. He helped me publish my first essay. He’ll be 90 soon, and we still see each other.

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

The explosion of cancer treatments, including chemotherapy and immunotherapy—but also supportive treatments such as potent antiemetics.

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

An inbuilt deterrent on every screen device that induces a headache in children after a defined period—with factory settings that parents can’t be pestered to alter.

What book should every doctor read?

My publisher wants me to say “mine,” but no doctor could go wrong reading William Osler. Imagine being on rounds with him...

What is your guiltiest pleasure?

Premium ice cream, microwaved to perfection in eight seconds.

What television programmes do you like?

My writing doesn’t leave time for TV. I just finished watching *The West Wing*—it took two years. Generally, anything that doesn’t involve violence, murder, abuse, or intense emotion, the last of which I get plenty of at work.

What personal ambition do you still have?

To learn to swim, or to be the state governor for a while. Government House in Melbourne has a magnificent view and an awesome balcony that’s crying out for a Bollywood event. I doubt that one has been hosted there.

What is your pet hate?

Misplaced apostrophes—can *The BMJ* unilaterally ban them? Others are misspellings and mistakes, such as: definat, comraderie, irregardless, tenderhooks.

Is the thought of retirement a dream or a nightmare?

Neither, but I love being a doctor. If circumstances permit I’d like to slow down but not end my commitment to medicine at some arbitrary age.

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

I wouldn’t be on a beach (I can’t swim). I wouldn’t read more than I already do (my eyes hurt). So, I’d probably be practising medicine somewhere else.

Cite this as: *BMJ* 2019;364:l441