



CAREERS

Ramani Moonesinghe: the changing face of anaesthesia

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

Jackie Wise

London, UK

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 substantially changed the trajectory of my career. I got involved in decision making in college policy 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 performance than bad

performance—an approach called positive deviance—and I try to spread that message.

Technical innovations

I also 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. The app is trying 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, for example. Research is good fun and is career broadening. I want to make it more accessible and change the image—it's not just old white men who carry out research.

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 and overwhelmed 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 how important this matter is.

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 that I can do one a day a week of 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.

Curriculum vitae

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