"I enjoy the academic side of medicine and I've always been interested in physiology and the science of medicine."

Dr Jaimini Cegla is in the final year of higher speciality training in metabolic [1] medicine and she explains to us her reasons for choosing this role.

Jaimini Cegla

SpR in metabolic medicine (and chemical pathology)

Employer or university
Imperial College Healthcare NHS Trust
Photo Jaimini Cegla - metabolic medicine trainee

How I got into the role

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It was whilst I was a CT2 in core medical training [2] that metabolic [1] medicine was suggested to me by a professor in endocrinology. I loved the clinical aspects of endocrinology, but realised that the antisocial hours, stress and protocol-driven practice of acute medicine (ie working with acutely unwell patients) weren't for me. I'd also had experience of working in a laboratory during a haematology rotation and I discovered I enjoyed the mix of work. Metabolic [1] medicine seemed to offer the best of both worlds - patient contact and the scientific challenges of laboratory medicine.

Therefore in 2008, I successfully applied to do an Academic Clinical Fellowship (ACF) in metabolic [1] medicine. at Imperial College. It's a fairly academic field and offers very good opportunities to become a leading researcher in your field of interest. I enjoy the academic side of medicine and I've always been interested in physiology [3] and the science of medicine. My ACF role, which lasted two years gave me the time to find my

niche interest within the subject -diabetes and obesity. I was then able to get funding for a Wellcome Trust clinical PhD fellowship and I completed a PhD over three years. I also took some time out for maternity leave and I'm due to gain my Certificate of Completion of Training [4] (CCT [5]) at the end of next year.

What I do

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My weeks are varied and every day is different. I would say that approximately 50% of my work is clinical, 30% is lab work, with the remaining 20% of my time spent carrying out research.

I have a very diverse clinical workload. One day a week I have a bariatric clinic. There are many types of bariatric surgery [6] and one of the most successful procedures is the gastric by-pass operation. This can help people with type 2 diabetes go into remission through drastically changing the body's metabolism. I look after patients before and after their operations, optimising their diabetes and other cardiovascular [7] risk factors, as well treating any metabolic [1] complications after surgery. During this clinic, I work with other metabolic [1] medicine doctors, endocrinologists as well as dieticians and psychologists.

I also undertake total parenteral nutrition [8] (TPN) ward rounds. This involves giving nutrition via the central vein to patients who are unable to eat. I work with gastroenterologists, dieticians, pharmacists and a vascular access nurse during these ward rounds.

In the laboratory, I spend time developing new tests. My hospital has been one of the first in the UK to implement the 'high sensitivity troponin' test for diagnosing a heart attack. This is a more sensitive blood test than has been available previously and it means that we can tell if someone has had a heart attack much earlier. With previous tests we had to wait hours to obtain a result. This is good for patients, as it means that we can make faster decisions on whether they can be discharged or receive specialist treatment. This work has been a collaboration between t laboratory staff, cardiologists and A+E doctors.

One day a week I'm the 'duty biochemist', which means I am the go-to person for problems in the biochemistry laboratory, and we run a biochemistry advice service for GPs in NW London. When I am working in the lab, I work with clinical and biomedical scientists.

Then, as mentioned earlier, 20% of my work revolves around my academic research. As I have recently completed my PhD, I have still got some ongoing research projects. For instance, I have a collaboration, a paediatric study into diabetes, with a group at St Thomas' hospital.

I also do on-calls which are from home and mostly I give clinical advice over the phone. These generally occur every nine days. On weekdays they are between 5pm and 9am, so I can get a few calls during the night and at weekends they last 24 hours.

Finally some weekends I also teach on a PACEs course, which helps core medical trainees pass that part of their Membership of the Royal College of Physicians (MRCP [9]) Part 2 exam.

The best bits and challenges

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The patient contact is the part I enjoy the most. I love my clinics. I also enjoy carrying out research as it means that you can actually drive and develop the treatments that your patients receive in clinic. The Royal College of Pathologists recently awarded me the trainee Clinical Biochemistry research medal for one of my published papers and I'm very proud of that. In addition, I like the flexibility of the role, as you're mostly in control of your own time.

For me, one of the major challenges is that metabolic [1] medicine is not a very well-known specialty. It's an absolute myth that it's a non-patient contact specialty. Fortunately, I'm very involved in undergraduate medical teaching at Imperial (as a lecturer and personal tutor) and I always try to raise awareness of the specialty to the undergraduates.

I wouldn't change anything about the role, except I wish there were more hours in a day!

Life outside work

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Apart from the on-call responsibilities, my hours are very much nine to five. I have two young children so much of my free time is spent with them. As the on-calls are at home, I can still put my children to bed and have time to do some of my research work in the evenings.

Career plans and top tips for others

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My interests lie in diabetes and obesity. When I become a consultant I would love to run a clinical service for lipids and diabetes. I would also like to keep the laboratory side of my role, and I particularly think it's important to run a biochemistry advice service for GPs. Finally, I would also like to continue with my research to drive the development of new treatments for the patients I see in clinic.

Top tips:

- get in contact with SpRs who are training in metabolic [1] medicine – they are generally highly-enthusiastic in encouraging doctors to enter into this specialty
- be aware that this specialty should appeal to someone with a leaning towards science and biochemistry. Also to note, that after completing the MRCP [9], you need to pass the FRCPath exams (run by the Royal College of Pathologists) which are just as demanding
- there are more posts in teaching hospitals rather than the district general hospitals

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Links
[1] https://www.healthcareers.nhs.uk/glossary#Metabolic [2] https://www.healthcareers.nhs.uk/glossary#Core_medical_training [3] https://www.healthcareers.nhs.uk/glossary#Physiology [4] https://www.healthcareers.nhs.uk/glossary#Certificate_of_completion_of_training [5] https://www.healthcareers.nhs.uk/glossary#CCT [6] https://www.healthcareers.nhs.uk/glossary#Bariatric_surgery [7] https://www.healthcareers.nhs.uk/glossary#Cardiovascular [8] https://www.healthcareers.nhs.uk/glossary#Parenteral_nutrition [9] https://www.healthcareers.nhs.uk/glossary#MRCP