

"I liked the fact that it spans all aspects of clinical medicine and surgery, and encompassed epidemiology and public health, as well as clinical medicine, biochemistry and immunology."

Dr Jonathan Folb

Consultant in medical microbiology

Employer or university

Liverpool Clinical Laboratories based at The Royal Liverpool and Broadgreen University Hospital

Salary range

Over £65K

Dr Jon Folb

How I got into the role

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I grew up in South Africa and at school I was interested in a range of subjects, such as history, languages and chemistry. I studied medicine for four years, at the University of Cape Town, before completing a bio-chemistry degree there. Then I was awarded a scholarship to complete my medical studies at the University of Oxford.

I did a variety of medical jobs after qualifying, and passed the [MRCP](#) ^[1] exam whilst completing a medical rotation in Newcastle, in 2000. After this I completed a PhD in

immunology in the Department of Infectious Diseases at St George's, London. Although I had always liked the idea of combining clinical practice with science and research, whilst doing my PhD I realised that I enjoyed and was probably better suited to my clinical work, more than a purely academic research job.

In 2005 I entered specialty training in medical microbiology. I liked the fact that it spanned all aspects of clinical medicine and surgery, and encompassed epidemiology ^[2] and public health, as well as clinical medicine, biochemistry and immunology. A career in microbiology has allowed me, on a daily basis, to combine all the interests I developed during the course of my training. However, what finally made me decide to train in microbiology was a desire to promote the rational use of antibiotics.

In 2010, after approximately five years of specialist training, I became an NHS consultant.

What I do

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The role of the medical microbiologist is to bridge the gap between the laboratory and the bedside. We do this in a number of ways – for example, it's essential that clinicians provide oversight of the work done in the diagnostic laboratory, as well as helping clinicians in other specialties to understand and make rational use of diagnostic tests. We provide guidance to the biomedical scientists when needed, regarding samples related to individual patients. We also look at our local antibiotic resistance rates and use these to inform our local antibiotic guidelines. Overall though, very little of my time is spent in the laboratory.

We also use our knowledge of bacteriology and antibiotics to provide expert clinical advice to clinicians in other specialties. One of the things I've done as a consultant has been to set up a consult service in the hospital, with joint input from microbiologists and colleagues in infectious diseases, to advise clinicians managing patients with complex or difficult to treat infections. This work is varied and interesting, and we've tried to create an environment that stimulates learning and encourages debate.

I have sub-specialised in orthopaedic infection, and through this have set up a number of outpatient clinics, ward rounds and multidisciplinary meetings which I carry out in close collaboration with orthopaedic surgeons.

I am still very committed to antibiotic stewardship, and this has led me to do a large amount of teaching, particularly of our junior doctors, which I really enjoy. I also am working increasingly closely with GPs and other healthcare professionals in the community, where most antibiotic prescribing takes place.

Finally, we have been able to use our consult service as a platform for doing research and audit, and we've participated in several large clinical trials aimed at answering practical, clinically applicable questions.

I tend to work from nine in the morning until six in the evening, and have one weekday night every week or two when I'm on call ^[3] from home. I also have one weekend in 9 or 10 on call ^[3], when I go in to the hospital for several hours each day as well as being available at all times to offer clinical advice over the phone.

The best bits and challenges

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I'm passionate about my job because I believe in the importance of what I'm doing – ie promoting the rational use of antibiotics and of diagnostic tests. I love the breadth and variety that the specialty provides, and the fact that I'm learning new things every day. I enjoy interacting with colleagues in other specialties, and developing long-term, collaborative relationships with them is immensely satisfying. I've also discovered that I really enjoy teaching – I take everyday cases along and discuss them interactively with the junior doctors, to explore their understanding of antibiotics and infection.

I think medical microbiology faces several challenges as a specialty at the moment. For example, moves to consolidate and merge laboratories have meant that some microbiologists are working in hospitals with off-site labs, so it becomes more difficult for them to fulfil their role in bridging the gap between laboratory and bedside. Pathology services are also vulnerable to competition – it's very important for us to make people understand that what we provide is a clinical service, not just a laboratory service, but the impact of what we do isn't always easy to measure.

There's also been a change in the training, and trainees now need to complete core medical training ^[4] and to pass the MRCP ^[1] exams, as well as those of the Royal College of Pathologists. It remains to be seen how microbiology will re-define itself in the era of combined training. The intention is that it will become a more clinical specialty, but there is a risk that our bridging role, and our greater understanding of laboratory medicine, will be lost.

Life outside work

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I have two teenage daughters and a border collie, so they keep me busy! To relax I have a few hobbies - after moving to Liverpool I set up a touch rugby club, which has played most weeks for the past eleven years. I used to run marathons, but now do triathlons, and also love hiking and wild swimming. I love music too - I play the viola in a string quartet and in a five-piece Cuban jazz band. Finally, I enjoy reading and usually have a history book on the go.

Career plans and top tips for others

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I'm happy in my current role and I'd like to carry on developing the consult service into a truly excellent clinical infection service, based on strong collaborations, research, teaching and learning. I'd also like Liverpool to establish itself as a leading centre in the field of orthopaedic infection with a solid clinical research portfolio. And I might one day consider developing further my interest in teaching.

Top tips:

- medical students and trainees don't tend to get a great deal of exposure to this specialty during their training, so it'd be a good idea to arrange a taster in microbiology, or you can make yourself known to the infection service doctors and let them know you have an interest
- consider attending or getting involved in an infection-related multidisciplinary team meeting (MDT) [5] or ward round, or complete an infection-related audit or service evaluation. Also, try to publish or get a poster accepted on an infection-related topic. All these activities will help you to demonstrate your commitment to the specialty when applying for posts
- develop your teaching skills, and be aware that you need to be a good communicator as a microbiologist. Influencing people's clinical practice requires patience, diplomacy and resilience!

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Links

[1] <https://www.healthcareers.nhs.uk/glossary#MRCP> [2]
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