

Real-life story - Dr Carol Postlethwaite

Dr Carol Postlethwaite is an ST7 in general internal medicine and acute internal medicine at East Surrey Hospital in Redhill, which is part of Surrey and Sussex Healthcare NHS Trust.



Dr Carol Postlethwaite Specialty trainee, ST7 in general internal medicine and acute internal medicine

Employer or university Surrey and Sussex Healthcare NHS Trust

Salary range Unknown

How I got into the role

Before training to become a doctor I had a successful career as a hospital pharmacist, becoming a medicines information manager and educator. The longer I worked with my medical colleagues, the more I became certain that medicine was the right career for me, and a close encounter with a patient with a metallic heart valve finally gave me my light bulb moment.

So, after 14 years as a pharmacist I decided to apply for the four year graduate entry course at King's College London, where the traditional five year medicine degree is condensed into four years. Leaving my career in pharmacy was a big decision as I was highly respected in my profession. I was about to experience a sudden loss of professional status with obvious financial implications, but helped to fund the course by working as a clinical pharmacist during the holidays.

Entry to graduate courses in medicine is highly competitive, but I passed the entrance exam and have never looked back. Choosing medicine as a career was the best thing I have ever done. My background in pharmacy was a huge advantage, as I had already learnt a lot about different medical conditions during my previous degrees.

I was one of the oldest students at medical school, but this wasn't a disadvantage and I have never encountered ageism of any kind in medicine. Although it was a massive culture change I always felt fully

accepted by staff and students alike. Like many graduate students, and medics in general, I sought opportunities to compete and excel, and gained several prizes and awards, as well as a theology and ethics qualification which made the undergraduate training even more exciting and fulfilling.

My first year of foundation training included rotations in general, vascular and colorectal surgery, intensive care and surgical high dependency unit (HDU) and stroke and respiratory medicine and successfully achieved the Diploma of the Royal College of Obstetricians and Gynaecologists (DRCOG). In my second year I completed rotations in paediatrics, haematology, general medicine and obstetrics and gynaecology and also passed my MRCP (UK [1]) part 1 examinations. I was inspired most of all by the general physicians who could diagnose anything!

After foundation training I successfully applied for core medical training, which lasts for two years. My rotations included elderly care, respiratory medicine and HDU, gastroenterology and cardiology. I also passed the final parts of my MRCP (UK [1]) examinations, which you need to progress to specialty training.

I chose a dual specialty training programme in general internal medicine (GIM) and acute internal medicine (AIM) in the Kent, Surrey and Sussex Deanery, as I could travel to most of this area from my home in south London. This dual programme appealed to me as these specialties are both 'front of house' in a hospital and the busy pace of life suits my personality.

What I do

I am coming to the end of my specialty training, which lasts from ST3-7. It can be difficult to unpick AIM from GIM as they are very similar, but think of acute medicine managing the front of hospital medical service, and GIM giving you the clinical skills to diagnose and treat the majority of the patients. It's a great combination.

During specialty training you rotate around different hospitals, usually for a year at a time. In ST3 I had six month rotations in diabetes and endocrinology and respiratory medicine, which included very busy on calls working as the acute medicine registrar. I also enjoyed the specialty outpatients' clinics I had been assigned to.

I was an acute medical registrar during ST4 and helped to set up and run an ambulatory care service and developed my management skills in acute medicine. Ambulatory care involves seeing unwell patients that do not require admission to the hospital but are too unwell to be managed by a GP or in ED - such as transient ischaemic attack (TIA), severe headache or cellulitis and can be treated as day cases. At this time I also continued to develop my skills in obstetric medicine, attending clinics, running a study day for the deanery and I also taught medical students at University College London.

My ST5 year was spent as a cardiology and intensive care unit (ITU) registrar in a tertiary centre.

I then took an out of programme experience (OOPE) as a clinical fellow, splitting my time equally between obstetric medicine (my specialist clinical skill in acute medicine) and medical education. Obstetric medicine provides specialist medical help to women with chronic health problems such as diabetes, hypertension, epilepsy and kidney disease, working together with obstetricians to achieve safe and successful pregnancies. It is a developing and fantastically rewarding specialty that's not currently recognised as a stand alone training path within medicine, but can be accessed as a subspecialty within acute internal medicine training.

I'm currently working in the acute medical unit (AMU) at East Surrey Hospital, which is an extremely busy job where I'm at the front line every day. The AMU is a place where acutely unwell patients are brought for up to 72 hours to either treat and discharge or transfer under the care of a the appropriate medical specialist.. We treat people with a wide range of conditions and I work very closely with my colleagues from the emergency department.?

Alongside my training jobs I am also the chair of the Trainee Doctors Committee at the Royal College of Physicians (RCP). It has been an exciting time to be involved given the massive changes that have occurred with contracts, training and the NHS in general, all of which we contribute to at the RCP and via the Academy of Royal Medical Colleges Trainee Doctors Committee.

The training I have received has been diverse and has allowed me to become a good well-rounded doctor.

The best bits and challenges

Medicine is a brilliant career! Although it's hard work there is little joy in life if you take the easy way. Working across specialties and in multidisciplinary teams (MDTs) to change patients lives for the better is extremely rewarding.

The training I have received has been diverse and has allowed me to become a good well-rounded doctor. A positive frame of mind is very important, and we all try to support one another as colleagues especially when things are very busy and stressful. Working in general medicine involves fast decision-making and you really have to think on your feet. There's often no chance to sit down and you have to juggle lots of balls at once, in order to decide what is best for the patient.

Fitting in the necessary study to pass your exams alongside a busy job is challenging. I didn't have the energy to revise at the end of a busy day in hospital, but instead revised at weekends and during annual leave. In addition moving rotations and hospitals can be frustrating, as it can be hard to re-establish yourself as a valued member of the team in each place.

Life outside work

It is important to have a work life balance so I enjoy visiting art galleries and attending concerts and as I live in London there are plenty on my doorstep. I also travel the world as much as possible but also watch the seasons change and grow fruit and vegetables in my small garden with my cat.

Career plans and top tips for others

I'm almost at the end of my specialty training, but before I finish I am going to work for a year as a chief registrar, which will help further develop my leadership and management skills by working at an executive level developing and leading quality and service improvements at East Surrey Hospital before applying for a consultant post.

Top tips

- always maintain a positive frame of mind- try to look for the good in everything
 - there is no such thing as a boring case - identify a learning point from each patient you see
 - you can make a difference and age is not a barrier to success
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Links

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